



Galveston County FOOD BANK

houstonfoodbank
Partner

624 4th Avenue North
Texas City, Tx 77590
409-945-4232
409-945-2563 fax
www.galvestoncountyfoodbank.org

Board of Directors

Rick Wade, President
RE/MAX Space Center

Armin Cantini, Vice
President
Retired- Business

Kyle McFatrige, Treasurer
HomeTown Bank

Lee Skipper, Secretary
Raymond James Financial
Services

Nicole Bellow
Smarter HR Solutions, LLC

Sean Doyle
Texas First Bank

Rikeshia Givens
Woodforest National Bank

Andrew Fulton
Huron Consulting Group

Amy Mannie
Whitley Penn

William Sowell
Galilee United Methodist
Church

Peter Williamson
Del Papa Distributing Co.

Tresa Higbee
AmeriPro Bookkeeping

Mark Kellner
Texas Yamaha, Inc.

Greetings from the Galveston County Food Bank!

Thank you for contacting the Galveston County Food Bank regarding our Homebound Nutritional Outreach Program. Your health and nutrition are incredibly important, and we want to make sure you have a way to receive nutritional and sustainable food to meet your needs. The Galveston County Food Bank offers assistance to adults who are disabled or 60 years of age or older who lack access to other food sources and adhere to our income guidelines.

The Homebound Nutritional Outreach Program provides a monthly box of groceries and services may be provided on either a short-term or long-term basis, depending on the nature of the illness or disability. Each box consists of a variety of USDA and locally donated foods. Program volunteers deliver food boxes to recipients residing within Galveston County.

Please review and sign the application we have provided to you to enroll in the program. Forms can be mailed, emailed or faxed (409-945-2563) to our Program Coordinator, Amanda McCarty.

If you have any further questions, please contact Amanda McCarty by phone at 409.945.4232 or by email at Amanda@galvestoncountyfoodbank.org.

We welcome the opportunity to serve you through our Homebound Nutritional Outreach Program.

Amanda McCarty
Program Coordinator



“Leading the fight to end hunger in Galveston County”



Galveston County Food Bank:
Homebound Nutritional Outreach Program:
APPLICATION INSTRUCTIONS

1. Please review the guidelines for the program:
 - a. Applicants must be 60 or Older (or)
 - b. Disabled and/or Confined to their Home
 - c. Meet TEFAP Income Eligibility Guidelines
 - d. Live in Galveston County

2. Fill out and sign the attached application. Three pages in total.

3. Please provide the following for proof of residency:
 - a. Current Lease or Utility Bill (water, gas, electric)

OR

 - b. Other proof dated in last 90 days (SSI, Disability, paystub, etc...)

4. Please return signed forms:
By Mail
Galveston County Food Bank
Attn: AMANDA MCCARTY
624 4th Ave North
Texas City, TX 77590

Email to:
Amanda@galvestoncountyfoodbank.org

Fax to:
Attn: Amanda McCarty
409-945-2563

**The Emergency Food Assistance Program (TEFAP)
Income Eligibility Guidelines
July 1, 2019 – June 30, 2020**

Based on 185% of Federal Poverty Guidelines						
Household Size	Annual Income	Monthly Income	Twice-Monthly Income	Bi-Weekly Income	Weekly Income	
1	\$23,107	\$1,926	\$963	\$889	\$445	
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602	
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759	
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917	
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074	
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231	
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388	
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546	
For each additional household member, add:	+\$8,177	+\$682	+\$341	+\$315	+\$158	

Homebound Nutrition Outreach Application

***Last Name**

***First Name**

***Address**

***City**

***State**

***Zip Code**

***County**

***Phone Number**

***Household Size**

***Household Members**

	Name	Relationship	Gender	Age	Date of Birth
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					

***Household Monthly Income**

***Ethnicity**

- | | |
|---------------------------------|------------------------------|
| White/Anglo | Middle-Eastern/North-African |
| Black/African American | Pacific Islander |
| Hispanic/Latino | Other |
| American Indian/Native American | N/A |
| Asian | Undisclosed |
| Alaska Native/Aleut/Eskimo | |

Social Programs

- Medicaid
- National School Lunch Program (NSLP)
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)

I am receiving the following:

Aid to Families with Dependent Children (AFDC)
Aid to the Blind or Disabled
Children's Health Insurance Program (CHIP)
Commodity Supplemental Food Program (CSFP)
Supplemental Security Income (SSI)
Temporary Assistance to Needy Families (TANF)
Vets Aid
Headstart
Medicaid
National School Lunch Program (NLSP)
No Social Assistance

School Meals
Section 8 Rental Assistance Programs
Supplemental Assistance for Women,
Infants, and Children (WIC)
Supplemental Nutrition Assistance
Program (SNAP)

***Self-Identifies As**

CCN Participant
Food for Change-FIRST LINK
Food for Change-Food Rx
Food for Change-Food Scholarship
Monthly CCN Participant
Disability
Veteran
New Immigrant
Breastfeeding

Refugee
Other
Evacuee
Mental Illness
N/A
Undisclosed
Pregnant
Postpartum

***Highest Education Level Completed**

Grades 0-8
Grades 9-11
High School Diploma
GED
Post Secondary (some)
Tradeschol/Professional Accreditation

2 Year Degree
4 Year Degree
Master's Degree
PhD
Undisclosed

Country of Education

***Employment Type**

Homemake/Stay at home parent
Out of work for more than 1 year
Out of work less than 1 year
Post Secondary Student
Full-Time

None
Undisclosed
Other
Retired
Part-Time

Disclaimer

By Signing, I certify that:

- 1) I am a member of the household living at the address provided and that I apply for USDA Foods that are distributed through The Emergency Food Assistance Program;
- 2) All information provided to the agency determining my eligibility is, to the best of my knowledge and belief, true and correct.

The Emergency Food Assistance Program (TEFAP)

Participant Rights and Responsibilities:

- 1) I will not be denied USDA Foods if I am determined eligible.
- 2) I certify that the information I have provided for eligibility determination is correct to the best of my knowledge.
- 3) I agree to report changes in household circumstances, including, but not limited to, income and household size.
- 4) I may appeal any decision made by the food bank or distribution site. I can inform the distribution site or food bank that I want to appeal.
- 5) I understand that if I choose a proxy to pick up my food, that person must be listed as a proxy either 1) on my Household Application for USDA Foods or 2) on a note with my signature.
- 6) I understand that the food provided by this program is intended for the members of the eligible household.
- 7) I understand that I must not sell or exchange USDA Foods.
- 8) I consent to the release of information to TEFAP staff, which included officials of the United States Department of Agriculture, Texas Department of Agriculture, and the food bank.
- 9) Program staff have advised me of my rights and responsibilities under this program.
- 10) I understand that I may request a written copy of TEFAP Written Notice of Beneficiary Rights.
- 11) I understand that the standards for participation in this program are the same for everyone regardless of race, color, national origin, age, sex, or disability.
- 12) I have read this form, or the form has been read to me.
- 13) The distribution site maintains the right to ensure orderly distribution.

***Print Name**

***Client Signature**

***Date**

In accordance with Federal civil rights law and US Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by: 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410. This institution is an equal opportunity provider. 2) Fax (202)690-7442; or 3) email: program.intake@usda.gov