



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

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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.
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

Consent for Services Form

Date: _____ Name: _____
(Last) (First)

Please circle one: I am or am not currently enrolled in other programs sponsored by the Galveston County Food Bank or its participating agencies.

Guidelines for Homebound Program

Applicants must be 60 or older or disabled and health problems that confines them to their homes and meet income eligibility guidelines.

*Disclaimer
(Negacion de Responsabilidad)*

I understand that the items I have received may have been donated to Galveston County Food Bank (GCFB) for distribution.
(Yo, letras de molde) entiendo que los articulos que he recibido pueden ser donaciones distribuidas por GCFB.)

I accept full responsibility for the items I have received. However, these items are not to be sold or redistributed to anyone other than members of my household.

(Acepto la responsabilidad por los articulos que he recibido. Sin embargo, estos articulos no pueden ser vendidos o distribuidos a otras personas, menos que los miembros de mi hogar.)

I am below the TEFAP (Texas Emergency Food Assistance Program) income guidelines
(TEFAP (Programa de Asistencia Alimentaria de Emergencia de Texas) requisitos de ingresos)

In addition, I understand anyone violating the conditions of this program will become ineligible for additional services.
(Ademas, entiendo que la violacion de estas condiciones resulta en la descalificacion de la persona para continuar recibiendo los servicios.)

Consent for Services *(Acuerdo para recibir servicios)*

I desire services from Galveston County Food Bank. My consent for referral for other services requiring the information contained within this application is also given.

Yo deseo los servicios de Galveston County Food Bank sus miembros asociados, o Houston Food Bank. Tambien doy mi permiso para que la informacion en esta aplicacion se use para referencia a otros servicios)

The services for which I am eligible have been fully explained to me. I understand that my personal information and records associated with these and/or other services are subject to release to other agencies not mentioned above, only after I have been informed, and by my written consent.

(Los servicios que yo soy calificado para recibir se me han explicado. Entiendo que mis datos asociados con estos servicios seran compartidos con otras agencias no mencionadas anteriormente, solamente si primero me informan y doy mi permiso por escrito.)

I have been given the opportunity to ask questions about the services that will be provided to me. I understand that additional consent will be required if services change or if new eligibility requirements must be met.

(Me han permitido hacer preguntas sobre los servicios que voy a recibir. Entiendo que otro convenio sera necesario si los servicios cambian o si los requisitos para estos servicios cambian.)

Clients Signature *(Firma)*

Date *(Fecha)*

Distribution Coordinator Name: _____ Signature _____

Galveston County Food Bank Agency Pantry Family Intake Form B

Please answer all questions so that we may serve you better. This information will not be shared with any other outside agency or entity other than the Galveston County Food Bank for reporting purposes.

CLIENT DOCUMENTATION

Date of Intake: _____

Are you homeless? Yes No If no, please complete address portion of form.

Household Information:

YOUR NAME	
ADDRESS	
CITY / STATE / ZIP / COUNTY	
PHONE	

How many people live in your house: Are you head of the household? Yes No

Are you?

African American		Asian		Caucasian		Hispanic		Native American		Other	
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How many people live in your house in the following age: (please write the number in the box?)

Infant-17		18-59 years		60 and over	
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Does your family receive any type of assistance? Check all that apply

Temporary Assistance To Needy Families (TANF / AFDC)		SNAP (Food Stamps)	
SSI		Medicaid	
CHIP		WIC	

The Total Gross Income (the amount before deductions) of all household members is:

GROSS INCOME	\$		Per Year		Per Month		Per Week	
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Was there an emergency situation that caused you to need food? Yes No

<i>If yes, please state situation</i>	
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Client Signature

Date

I certify that I am a member of the household listed above and that on behalf of this household I have applied for USDA Products. I certify that all information regarding my household is true to the best of my knowledge. I also designate the following person as an authorized representative of my household and certify that their information is correct to the best of my knowledge. Authorized representative is able to pick up product for client until re-certification is necessary...

Name of Authorized Representative: (not name of family member only person to act on their behalf)	Authorized Representatives Address:
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****This information will not inhibit you from receiving USDA product****

The Emergency Food Assistance Program (TEFAP)
Participant Agreement, Rights, Obligations, and Fair Hearing Request

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 may appeal any decision made by the food bank or distribution site regarding my eligibility determination for this program. I can inform the distribution site or food bank that I want to appeal.
4. I understand that if I choose to send an alternate person (a proxy) to pick up my food, that person must be listed as an alternate on my Household Application for USDA Foods.
5. I understand that the food provided by this program is intended for the members of the eligible household.
6. I understand that I must not sell or exchange USDA Foods for nonfood items.
7. I consent to the release of information to TEFAP staff, which includes officials of United States Department of Agriculture, Texas Department of Agriculture, and the food bank.
8. Program staff have advised me of my rights and obligations under this program.
9. 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.
10. I have read this form, or the form has been read to me.
11. The distribution site maintains the right to involve local law enforcement to ensure orderly distribution.

In accordance with Federal civil rights law and U.S. 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
- (2) fax: (202) 690-7442;
or
- (3) email:
program.intake@usda.gov.

This institution is an equal opportunity provider.

**El Programa de Asistencia Alimentaria de Emergencia (TEFAP, por sus siglas en inglés)
Acuerdo, derechos, obligaciones y solicitud de audiencia imparcial del participante**

1. No negarán los alimentos del Departamento de Agricultura de los Estados Unidos (USDA, por sus siglas en inglés) si soy elegible.
2. Certifico que, a mi buen saber y entender, la información que he proporcionado para la determinación de elegibilidad es correcta.
3. Podré apelar cualquier decisión tomada por la entidad contratante (banco de alimentos) o el sitio de distribución en lo que respecta a mi elegibilidad para el programa. Puedo decir al sitio de distribución o banco de alimentos quiero apelar.
4. Entiendo que si decido enviar a otra persona (un apoderado) a recoger mis alimentos, dicha persona deberá figurar como representante en mi solicitud de hogar para recibir alimentos del USDA.
5. Comprendo que los alimentos provistos por el programa están destinados a los miembros de los hogares que cumplen con los requisitos.
6. Entiendo que no debo vender ni intercambiar los alimentos del USDA por artículos no alimenticios.
7. Presto mi consentimiento para que se divulgue información al personal del Programa TEFAP, que incluye funcionarios del Departamento de Agricultura de los Estados Unidos, del Departamento de Agricultura de Texas y del banco de alimentos.
8. El personal del programa me ha hecho saber cuáles son mis derechos y obligaciones en virtud del programa.
9. Comprendo que las normas de participación del programa son las mismas para todos, independientemente de la raza, el color, la nacionalidad, la edad, el sexo o las discapacidades.
10. He leído o me han leído el presente formulario.
11. El sitio de distribución mantiene el derecho de involucrar a las autoridades locales para asegurar una distribución ordenada.

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: http://www.ascr.usda.gov/complaint_filing_cust.html y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

(1) correo: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil
Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; o

(3) correo electrónico:
program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.