

COVID19/TEFAP Roster **approved through May 31, 2021**

Staff/volunteer assigned to complete the form will complete the top portion filling out the: Agency Name, Date of Distribution, Agency Rep Print Name, and provide Signature

Clients' section:

1) Name

- a. Write in first and last name

2) Address

- a. Write in full address (street, city, and zip code)
- b. If client is an individual without housing would write this

3) Categorical Eligibility

- a. Ask if the client/family is receiving any of the categorical eligibility (SNAP, TANF, SSI, NLSP, Medicaid) if yes...use the acronyms in the upper right-hand corner to note which category the Client self declares to be participating in. If participating in multiple not necessary to try and write all acronyms in the small square.
- b. If a client is participating in any of the above programs, you may skip asking about household income

4) Household Income -

- a. If Q #3 is not applicable, then must ask for household income to see if meet criteria for income eligibility (updated income guidelines effective July 1, 2020 are also attached) and always available on our website

5) # in Household

- a. Ask all clients regardless of how they qualify, how many family members are residing in their home.

6) If Q #3 &4 do not meet criteria to be eligible, then must ask about Household Crisis...

- a. We have received further instructions from TDA. Cannot just write COVID19 but need to write layoff, furlough, cut hours, mandatory self-quarantine etc...the specific result from COVID19

7) Staff/volunteer completing the form will circle Eligible or Not Eligible based on if the client met at least one of the requirements (#3, #4, or #6)

H1555 – Household Application for USDA Foods

Section 1: Signature of Household member

- The client will sign and date after reading and/or the form being read to the individual, the section includes the non-disclosure statement in English and Spanish

**Sections 2-5 may be completed by the client themselves and/or the questions may be asked to the client and the staff/volunteer will complete the sections

Section 2: Household Information

- Provide full name, number in household, address, and name and address if a proxy is to be utilized

Section 3: Categorical Eligibility

- Check off if participating in any of the listed programs, if participating in multiple programs please check off all that are applicable

Section 4: Income Eligibility

- Client may provide gross income by week/month/year

Section 5: Household Crisis Eligibility:

- Must use space to document the specific reason for the household crisis. Prior to COVID, crisis such as fire, hospitalization, loss of job was acceptable. Also prior to COVID, if a family was claiming a household crisis this was the only eligibility that required some proof/documents. Due to current pandemic, documentation is not required at this time. Types of crisis may still be as noted above and/or due to COVID19 – loss of job, furlough, cut hours, mandatory self-quarantine.

Section 6: Eligibility or Ineligibility

- Staff/volunteered trained to complete intakes must review the above information to determine if the client is eligible to receive the food benefit.
 - o If any categories are in section 3 are checked → eligible
 - o Income must be checked against the current year's income guidelines along with their household size to determine if eligible
 - o Must review to see if applies may be eligible
 - o If Sections 3-5 are not applicable, must check household is ineligible

** Any staff/volunteer completing a client intake must also complete the full civil rights training**

Section 7 – Signature and Date of CS or Site Staff

- The staff/volunteered completing the form will provide their signature and date the form. The signature shows the form was reviewed to ensure client is eligible and the date is required because the household application must be completed at least once a year.

H1555 form is only required to be completed once a year. If/when using this form, you will use Form D – Agency Client Sign in Sheet for each time a client visits your pantry. The sign in sheet will only ask their name, # in household, age breakdown, # of male/female, and military status in order to complete the partner monthly reporting.