



M.I. Lewis Social Service Center Homebound Nutrition Outreach Program

Program Guidelines:

- Applicants must be 60+ years of age OR Disabled
- Must meet TEFAP Income Eligibility Guidelines
- Live within Dickinson ISD

If you meet the above guidelines, please complete the following:

1. Fill out & sign the attached application
2. Provide **one** of the following documents for proof of residency:
 - Current Lease
 - Water Bill
 - Gas Bill
 - Electric Bill
 - Other Proof dated in the last 90 days
 - SSI
 - Disability
 - Paycheck Stub
3. Return your signed forms
 - **By Mail:**
 - M.I. Lewis Social Service Center
 - Attn: Casework
 - P.O. Box 1542
 - Dickinson, TX 77539
 - **By Email:**
 - Caseworker@milewisctr.org
 - **By Fax:**
 - 281-534-1368



Do NOT write in this area:
First visit:

Gender: Male Female

Ethnicity: Caucasian African-American Hispanic Asian Other

Last Name: _____ First Name: _____ Middle Initial _____
Address: _____ City: _____ Zip Code _____
Phone: _____ Email: _____
Type of Residence: House Apt. Trailer Partner's phone #: _____
How long at this residence? _____ Vehicle's/Year/Make/Model _____
Landlord or Complex name: _____ Phone: _____
Previous address: _____ How long at this address? _____

Marital Status: Single Married Common Law Sharing House Separated Divorce Widow

Education completed:

Elementary Intermediate Some High School High School Diploma GED
Some college College degree Other Training _____

Do you own a vehicle? _____ If not, **how did you get here today?** Family member Friend Bike Walked

Do you feel safe at home? _____

Other resources: WIC Medicare Medicaid 4C's Card Private Ins. WorkForce Solutions

Number of persons in the household: Under 18 = Adults = Over 65 =

ALL ADULTS in household

Adult's Full Name	Relationship	Birthdate	Gender	Age	Social Security #
	<i>Self</i>				

ALL CHILDREN [Under 18] in household

Child's Full Name	Relationship	Birthdate	Gender	Age	Social Security #

***Have you received services from other agencies?** Yes No If so, what agencies?

My signature below verifies that all the information I have provided on this application is true. I understand that if I knowingly give false information, I may be asked to forfeit any pledges and my right to seek future assistance from M.I. Lewis Social Service. I authorize M.I. Lewis to collect and/or release information about myself and/or the persons listed above:

Signature: _____

Date: _____



houstonfoodbank
Partner



**M.I. Lewis Social Service Center/Galveston County Food Bank
Agency Pantry Family Intake Form B**

Sites may request but must not require proof of information. / Los sitios pueden solicitar pero no deben requerir prueba de información.

Name of household member/ Nombre del miembro de la unidad familiar	
Address/ Dirección	
Phone number/Números telefónicos	

Number of household members/ Numero de Miembros del hogar

Does your family receive any type of assistance? Check all that apply *¿Su familia recibe alguna forma de asistencia? Si la respuesta es si, indique cuales con una X.*

Temporary Assistance To Needy Families (TANF / AFDC) / Asistencia Temporaria Para Familias Necesitadas		SNAP (Food Stamps) / Estampillas de comida	
SSI		Medicaid	
CHIP		WIC	

The Total Gross Income (the amount before deductions) of all household members is/ Los ingresos totales (antes de deducciones) para todos los miembros del hogar son:

GROSS INCOME / Ingreso bruto total	\$		Per Year/ por año	Per Month/ por mes	Per Week/ por semana

If household is eligible for household crisis food needs, document reason for crisis here./Si el hogar es elegible para las necesidades alimentarias del hogar en caso de crisis, documenta el motivo de la crisis aquí.

Are you? Es usted:

African American / Africano-Americano		Asian / Asiático		Caucasian / Anglo-Sajón		Hispanic / Hispano		Native American / Indígena		Other/ Otro	
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How many people live in your house in the following age: (please write the number in the box?) Cuantas personas en su hogar son de las siguientes edades (favor de poner el número en cada caja)

Infant-17 / 0-17 años		18-59 years / 18-64 años		60 and over / 64 y mayor	
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Please fill out the following for each additional person in the household.

Name/Nombre	Date of Birth/Fecha de nacimiento	Sex/Sexo	Relation/Relación	Social Security Number/Número de Seguro Social	Age/Edad
			Self/Yo		

X _____

Client Signature / Firma

Date / Fecha

By signing, I certify that:

(1) I am a member of the household living at the address provided in Section 1 and that, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program; (2) all information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct; and (3) if applicable, the information provided by the household's proxy is, to the best of my knowledge and belief, true and correct. I authorize M.I. Lewis to collect and/or release information about myself and/or the persons listed above.

Al firmar, certifico que: (1) soy miembro del hogar que vive en la dirección que se da en la Sección 1, y que solicito en nombre de la unidad familiar los doméstica de alimentos USDA que se distribuidos por el Programa de Asistencia Alimentaria de Emergencia; (2) toda la información que le he dado al departamento que determinará si mi unidad familiar llena los requisitos del programa, es, a mi leal saber y entender, verdadera y correcta; y (3) Si corresponde, la información proporcionada por el apoderado del hogar es, a lo mejor de mi conocimiento y creencia, verdadero y correcto. Autorizo a M.I. Lewis a recopilar y/o divulgar información sobre mí y/o las personas mencionadas anteriormente.

AGENCY DOCUMENTATION – SITE STAFF ONLY

Family Name: _____ **Date:** _____

Household is INELIGIBLE: (clients denied USDA products should be referred to the HFB for review)

- Income level over 185% listed on Annual Income Guidelines
- Is not an emergency situation and does not meet any other criteria
- Other: _____

Household is ELIGIBLE based on:

- Low Income** (Enter certification period below; sign and date the form at the bottom)
- Emergency Food Need** (Describe emergency need in "Comments" section; enter "Certification Period;" sign and date the form, clients in this category may be served no more than 6 months unless another emergency can be documented.)
- Receipt of TANF/AFDC** (Enter the "Certification Period;" sign and date the form.)
- Receipt of Food Stamps** (Enter "Certification Period;" sign and date the form.)
- Receipt of SSI** (Enter the "Certification Period;" sign and date the form.)
- Receipt of Medicaid** (Enter the "Certification Period;" sign and date the form.)

Certification Period: Start Date: _____ End Date: _____

Comments:

Agency Staff Initials: _____

Revisit this form on: _____

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
Income Eligibility Guidelines

Las Pautas de Elegibilidad de Ingresos
Effective July 1, 2022 – June 30, 2023
Efectivo desde el 1 de Julio, 2022 hasta el 30 de Junio, 2023

Based on 185% of Federal Poverty Guidelines

Household Size	Annual Income	Monthly Income	Twice-Monthly Income	Bi-Weekly Income	Weekly Income
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
For each additional household member, add:	+\$8,732	+\$728	+\$364	+\$336	+\$168

These guidelines are based on 185% of the federal poverty guidelines
Estas pautas se basan en el 185% de las pautas federales de pobreza

These guidelines apply to individuals who participate in the TEFAP Program. Eligibility is based on total income and size (i.e., number of household members) of a participant's household. Participants qualify for USDA Foods if their total gross household income is equal to or less than the figures provided above.