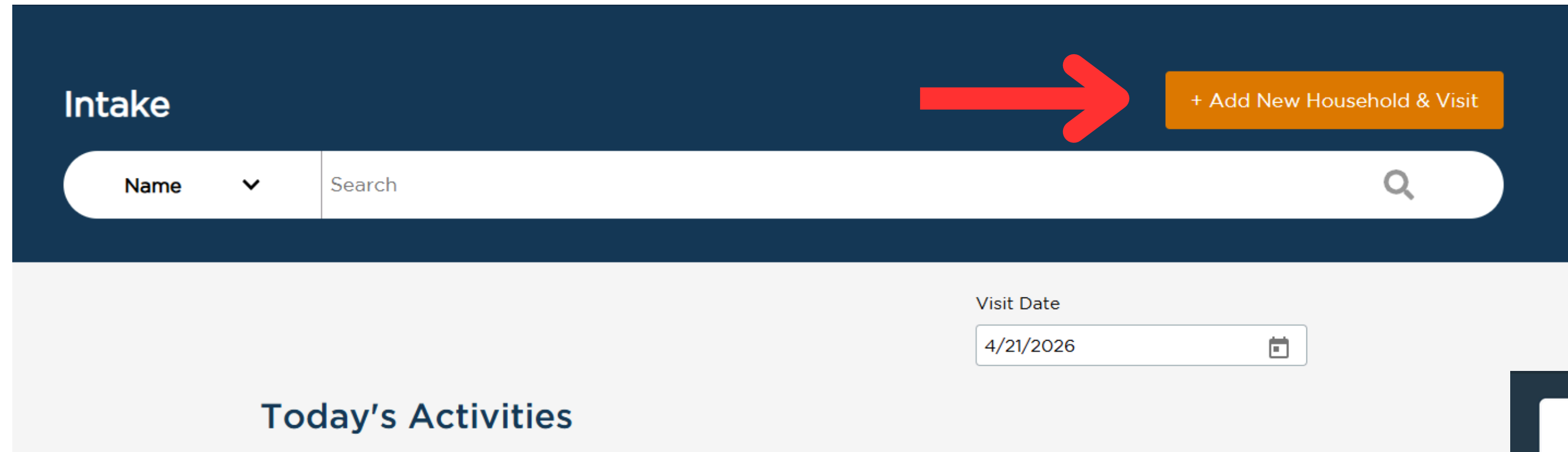


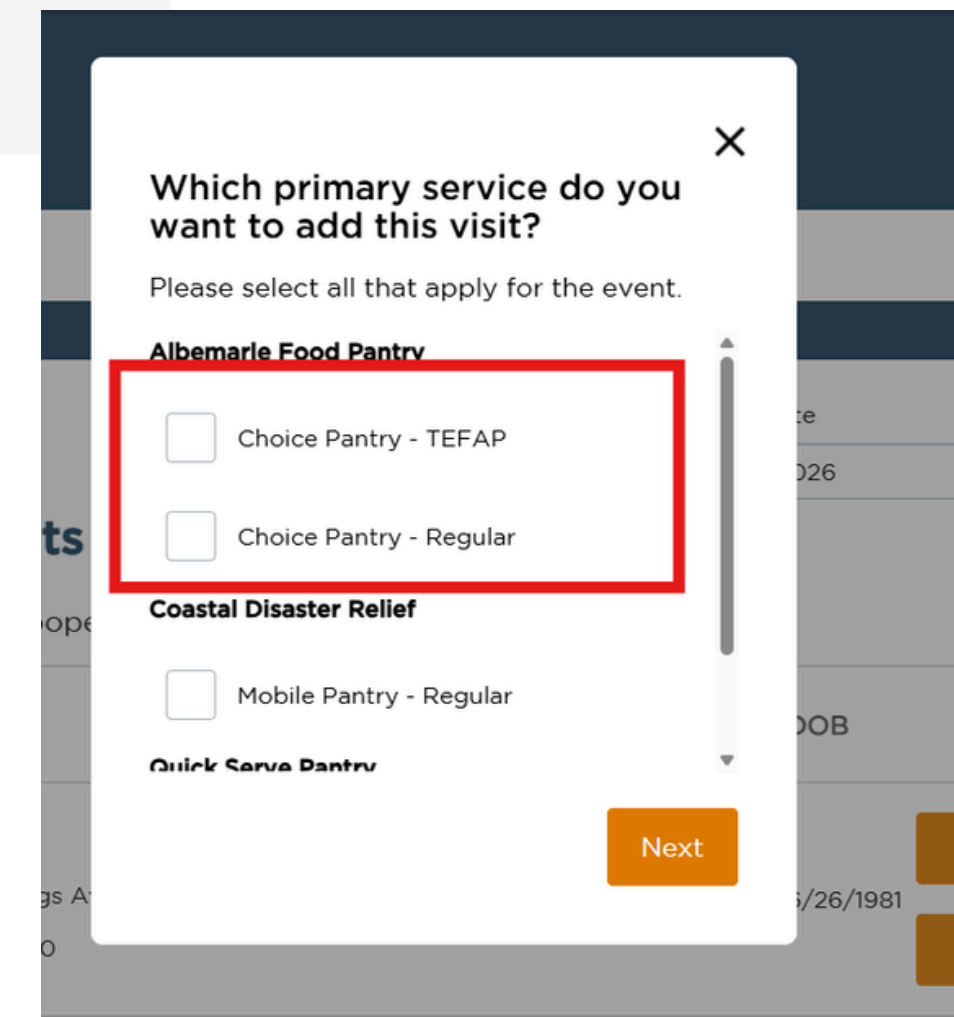
New Client Intake: TEFAP Creating a New Profile



The screenshot shows the 'Intake' section of a web application. At the top left, the word 'Intake' is displayed in white on a dark blue background. Below it is a search bar with a dropdown menu labeled 'Name' and a search icon. To the right of the search bar is an orange button labeled '+ Add New Household & Visit'. A red arrow points from the search bar area towards this button. Below the search bar, there is a 'Visit Date' field with a calendar icon and the date '4/21/2026'. At the bottom of the section, the text 'Today's Activities' is visible.

When you have searched for the client and they are not in the system, click the “**+Add New Household & Visit**”.

A pop up for service will appear (seen on the right). Click what service they will be receiving today.



The pop-up form is titled 'Which primary service do you want to add this visit?' and includes a close button (X) in the top right corner. Below the title, it says 'Please select all that apply for the event.' The form lists several service options, each with a checkbox: 'Albemarle Food Pantry' (highlighted with a red box), 'Choice Pantry - TEFAP', 'Choice Pantry - Regular', 'Coastal Disaster Relief', 'Mobile Pantry - Regular', and 'Quick Serve Pantry'. A 'Next' button is located at the bottom right of the pop-up.

Anything that has * is required and must be filled out. If the Client does not have a address or phone (or prefers not to answer) check the “No Fixed Address” and “No Phone” boxes at the end of each fill in box.

Add New Household

2 signature 3 Household Info

Basic Information

*First Name Middle Name (Initial) *Last Name
* This is required * This is required

Suffix

Contact

*Address No fixed address ?
* This is required

Apartment, Floor, etc.

*City *State *ZIP
* This is required * This is required * This is required

County

Email Address Ok to contact ?

*Phone # Ok to contact ? No phone
* This is required

What method of communication do you prefer?

Text Call Email

Household

How many active people in your household, **not including yourself**, will benefit from the services provided today?

Household Members

− 0 +

Household

How many active people in your household, **not including yourself**, will benefit from the services provided today?

Household Members

− 1 +

Household Members (This is not a requirement for TEFAP)

[Remove #1](#)

*Status

Active

*First Name

Frodo

Middle Name (Initial)

*Last Name

Baggins

Add Member

Proxy

How many active people outside of your household would be picking up food for you?

Scrolling down; you will see “Household”. This is where you will add how many is in the home. The person answering may say “we have 4 in the house” that may include themselves so you will list 3 in “Household Members”. The person answering is already counted.

When you add a “Household Member” it will auto generate to say “Adult 1 or Child 1” then last name. You can add in the name of those in the house. We strongly suggest listing all the adults in case they come to pick up.

Proxies must be listed if they are outside the household. Members listed with a Name will be part of the profile and you will not need to list them as a proxy.

You will have to add a “Expiration Date”. This should be at least yearly and a phone number is required.

Proxy

How many active people outside of your household would be picking up food for you? [?](#)

Proxies



[Remove #1](#)

Type of Proxy

Proxy

Expiration Date

1/1/2030

*First Name

Grandelf

Middle Name (Initial)

*Last Name

Grayhem

Suffix

Select

Address

Apartment, Floor, etc.

City

State

Select

ZIP

*Phone #

No phone

* This is required

Add Proxy

Household

How many active people in your household, **not including yourself**, will benefit from the services provided today?

Household Members

Proxy

How many active people outside of your household would be picking up food for you?

Proxies

SNAP Benefits

*Is anyone in your household currently receiving FNS (Food and Nutrition) or food stamps?

* This is required

Yes No Don't Know / Prefer not to answer

Income Amount

Is your total household income lower than?

Weekly \$ Amount

OR

Monthly \$ Amount

OR

Yearly \$ Amount

Program Eligibility

Based on information entered above and the requirements for North Carolina TEFAP Program, the Neighbor appears to be:

* This is required

Not Eligible

Please confirm that the Neighbor is:

Eligible Not Eligible

Cancel

Save and Continue

Next is SNAP (Food Stamps) and Income. If they do not wish to give income, leave it blank and it will auto populate to the base income.

Last is if they are Eligible for TEFAP. Click "Save & Continue".

Signature Page

This page will **not** appear everytime.

The above table shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food. A household is defined as a group of people who live together and share money and other resources in order to get food. OR, if you currently participate in a Food & Nutrition Services Program (i.e. Food Stamps) you are automatically eligible to receive TEFAP and do not need to look at the income scale. Note: The above may be read to persons who are unable to read. People who are unable to sign their name may sign by using an X. Please read the following statement carefully, then sign the form and write in today's date. I understand that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 93-86 as amended.)

*Signee Date

* This is required

Signature Type *Verbal Signature

* This is required

Verbal Signature

USDA Nondiscrimination Statement
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 conducted or funded by the USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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

- 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

Cancel

Save and Continue

E, PL 96-494 and Sec. 4C, PL 93-86 as amended.)

*Signee Date

- Jane Hooper
- Jim Hooper
- Jim Hooper

Verbal Signature

*Verbal Signature

* This is required

USDA Nondiscrimination Statement

On this page (seen left) you will be accepting their signature for TEFAP. You will need to click the down arrow on Signee and select who is signing (seen above). Clients can do a signature with their finger OR you do a Verbal Signature (most common).

When complete Click "Save and Continue"

Basic Information

First Name: Middle Name (Initial): Last Name:

Suffix:

Date of Birth: OR Age:

Gender Identity

*What gender do you identify as? ?
* This is required

- Male Female Transgender
- Trans Female/Trans Woman Trans Male/Trans Man Non-binary
- Gender non-conforming None of these Don't Know / Prefer not to answer

Race / Ethnicity

*What race or ethnicity do you identify as? ?
* This is required

- White Hispanic, Latino, or Spanish Black or African American
- Asian American Indian or Alaska Native Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander Some other race or ethnicity Don't Know / Prefer not to answer

This page is for the demographic data. You will be required to list a D.O.B or AGE for all members in the household.

The other categories are not required and you can skip. When finished "Save & Continue."

Household

How many active people in your household, **not including yourself**, will benefit from the services provided today? ?

Household Members:

Household Members (This is not a requirement for TEFAP)

Status:

First Name: Middle Name (Initial): Last Name:

Suffix:

Date of Birth: OR Age:

[Additional Info](#)

Add Member

Signature Household Info

Primary Service Provided

Choice Pantry - TEFAP

Pounds Pieces Dollars Meals

Description

Data Sharing Acknowledgement

To improve our programs and connect you with additional services, we may need to share your personal information with third parties, such as healthcare providers, social service providers, and our other partners, as described in our [Privacy Policy](#). Please indicate below whether you agree to share your personal information with these third party organizations. We will not deny you services based on your answer.

Acknowledgement to share personal information with third parties

I agree to share my personal information with third parties

I do **not** agree to share my personal information with third parties

Print Or Add Card

Please print a new ID card or scan an existing card to add this household.

How many alternate identifiers would you like to add to this household?

Alternate Identifiers

- 1 +

Enter or Scan Barcode

AQ103953

You have reached the last page!
You can scroll past the “Pounds” to
“Data Sharing Acknowledgment”.

Click the one the client wishes to do.

You will see the Client’s Alt ID #. At this
time you can print a ID card for them or
you can fill out the FBA Client Card to
give to them (this is Optional).

You can now click “**Finish**” and the visit
will be logged and the screen will return
to the Intake Home Screen.