Summer Family Nutrition Program
Pre-Screening Form

PLEASE PRINT CLEARLY

Directions: Clients are required to complete this pre-screening form for four months of SFNP nutrition benefits – one form per household. When complete, potentially eligible clients must be made aware of distribution time & place. A complete form does not constitute eligibility. Final eligibility will be determined by the food bank at the point of distribution.

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1) Name of Adult Representative: _____

2) Household Street Address: _____,

City: _____, State: ___, Zip: _____, Phone: _____

3) Are there any related children under 18 in your household?
Circle one: **YES** **NO** **If yes, how many? ____**

4) How many people live in your household, including you?
Circle one: **2** **3** **4** **5** **6** **7** **8** **More: _____**

5) What is your total monthly household income? _____ dollars

6) Circle all that apply: Does anyone in your household currently receive:

SNAP/Food Stamps **Free/Reduced-Price School Meals**
Welfare/Cash Assistance **Long-Term Care** **WIC**
Women's Health Program **Medicaid/CHIP**

Potentially eligible clients must be made aware of the next distribution time & place.
Clients are potentially eligible for this program if they…

1) Circle "YES" in question 3

AND

*2) Circle <u>any</u> program in question 6, **OR** make less than the following amount:*

Household Size	Monthly	Household Size	Monthly
2	$2,246	**6**	$4,553
3	$2,823	**7**	$5,129
4	$3,399	**8**	$5,706
5	$3,976	**For each person above 8, add:**	$577

Client Signature (if used by food bank to determine final eligibility): _____
By signing, client confirms that all of the above is true and correct

Capital Area Food Bank Impact Tracker
Shared Case Management Software – CharityTracker
Summer Family Nutrition Program (SFNP)
RELEASE OF INFORMATION (ROI)

Client's Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Phone: _____

The **Capital Area Food Bank Impact Tracker**, *hereinafter referred to as "Capital Area Food Bank"*, is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. Capital Area Food Bank of Texas (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including Capital Area Food Bank of Texas (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years and 90 days from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

Dependent's Name

_____

_____

_____

_____

_____

_____

I authorize Capital Area Food Bank of Texas , as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other SFNP Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize Capital Area Food Bank of Texas (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other SFNP participating agencies.

X _____ X _____

Client and/or Parent-Legal Guardian's Authorizing Signature

Agency Representative Signature

_____ _____

Date

Date

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from it's expiration date.