

# Service Insights on MealConnect



## TEFAP Instructions

1. Have an official TEFAP application **available for review** by neighbors. This can be a laminated page that intake staff hand to neighbors to read while entering visit information into SIMC.
2. Keep **paper TEFAP applications** on hand and available. Neighbors who do not wish to have their data entered into a database **must** have the option to fill out a paper application instead. At the end of each month, send an email to [agencies@careandshare.org](mailto:agencies@careandshare.org) that includes the total households and total number of individuals who refused to be entered online. Do not include SIMC entries.
3. If a neighbor wishes to remain anonymous, click the **Anonymous** box in the Basic Information section. If they provide an email address or text message, they will receive a message that includes a link to a bar code and QR code of the number recorded in the Last Name field, which they can present on their next visit for faster search.
4. **Eligibility:** neighbors can qualify for the TEFAP program either through participation in a government program or through an income declaration. Both options are self-reported; you do not need to request proof of any kind.

**Basic Information**

\*First Name: Anonymous Middle Name (Initial): Last Name: QA140096

Suffix: Select  Anonymous

**SNAP Benefits**

\*Is anyone in your household currently receiving SNAP or food stamps? ?

Yes  No  Don't Know / Prefer not to answer

**Other Government Programs**

\*Does anyone in your household currently receive benefits through the following government programs? ?

Commodity Supplemental Feeding Program (CSFP or Everyday Eats) ?  Low Cost Drugs for the Elderly or Disabled  Low-income Energy Assistance Program (LEAP) ?

Supplemental Security Income (SSI) ?  Temporary Assistance to Needy Families (TANF) ?  None

Don't know / Prefer not to answer  The Emergency Food Assistance Program

**Income**

Is your total household income lower than?: ?

\$2,430 per month or \$29,160 per year ← These numbers will automatically update based on household size and current federal guidelines.

Yes  No  Don't Know

**Program Eligibility**

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

Eligible: Categorical Government Programs

Please confirm that the Neighbor is:

Eligible  Not Eligible

Either a **Yes** answer in the **SNAP Benefits** box or checking **any** of the listed programs in the **Government Programs** box will automatically show up as **“Eligible: Categorical Government Programs”** in the Program Eligibility section at the bottom of the page.

The **Income** section will calculate the required income levels based on the total number of household members. If the neighbor selects the **Yes** box, indicating that their total gross (pre-tax) income is **below** that number, the Program Eligibility section will show **“Eligible: Income Under Limit”**.

Either or both of the above options will determine TEFAP eligibility. Intake staff must then manually confirm that the neighbor is **Eligible** or **Not Eligible** based on the above criteria.

If they are **Not Eligible**, the system will require starting over with a non-TEFAP event.

5. The second page of the online TEFAP application provides a summary of the eligibility criteria. When you are certain that the neighbor has read and acknowledged the certification statements (these are also printed on the laminated sheet), click the **Verbal Signature** box to certify that the neighbor has acknowledged and agreed to the requirements. This will automatically fill in the Verbal Signature box with the neighbor's name. No actual signature is required.

6. Click **Save and Continue** at the bottom of the page and continue with intake as usual.

**The Emergency Food Assistance Program (TEFAP)  
Certification of Eligibility To Take Food Home** English ▾

Name: Anonymous QA165146 Phone: [Redacted]

Address: 2605 Preamble Point

City, State: Colorado Springs, CO ZIP: 80915

Number of people in your household:

Adults (18-59 yrs.): 1 Children (0-17 yrs.): 0 Seniors (60+ yrs.): 0

Family Size	Annual	Monthly	Weekly
1	\$30,120	\$2,510	\$579

**Income Under Limit**  
Under \$2,510 per month or \$30,120 per year

I CERTIFY BY COMPLETING THIS FORM that I currently reside in the state of Colorado, that all household members receive some form of public assistance or have a combined gross monthly income that does not exceed the guidelines on the reverse side of this form.  
I UNDERSTAND that I may be prosecuted under current laws for accepting food for which I am not eligible and the food I receive may not be sold, exchanged, or otherwise diverted from my household's use.

\*Signee: Anonymous QA165146 Date: 5/28/2024

Signature Type: Verbal Signature \*Verbal Signature [Redacted]  
\* This is required

**Verbal Signature**

7. You will see this blue banner at the top of your screen. This means that the questions that follow are not part of the TEFAP application, but they ARE still required questions for Care and Share partner agencies.

The following questions are optional and will not impact your TEFAP service.

Neighbors always have the option to choose not to answer questions without impacting the service they receive. If neighbors do not wish to answer, mark the Don't Know/Prefer Not to Answer box, but **do not skip questions** or leave them blank if they are active (i.e. not collapsed).

8. On the last page, you will see this **Data Sharing Acknowledgement** section. This refers to agencies OUTSIDE the food banking network. Neighbors' responses to this question do not affect their services in any way.

Click **Finish**, and you're done!

**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