



服务 (Service)
洞察 (Insights)
DC TEFAP

仅供员工使用 (FOR STAFF USE ONLY):

条形码 # (Barcode #): _____

Service Insights (服务洞察) 取餐登记表 —— 请打印清晰 (Service Insights Intake Form - Please Print Clearly)

*突出显示字段为必填字段 (Highlighted fields are required)

*日期 (Date): _____

*名字 (First Name): _____ *姓氏 (Last Name): _____

*地址 (Address): _____ *市 (City): _____ *州/省 (State): _____ *邮政编码 (ZIP): _____

*选区 (Ward): _____ 无固定地址 (No Fixed Address)

*家庭人数 (Total Number of People in Household): _____

*目前您家中是否有人接受补充营养援助 (又称食物券)? (Is anyone in your household currently receiving SNAP, also known as food stamps?) 是 (Yes) 否 (No)

不知道/不愿作答 (Don't know / prefer not to answer)

接受贫困家庭临时援助 (SNAP) 的家庭有资格参加临时紧急食物援助计划 (TEFAP) (Households that receive SNAP are eligible for TEFAP).

其他政府计划 (请选择所有适用项) [Other Government Programs (select all that apply)]:

接受贫困家庭临时援助 (TANF) 的家庭有资格参加临时紧急食物援助计划 (TEFAP) (Households that receive TANF are eligible for TEFAP).

接受医疗补助 (Medicaid) 的一人家庭有资格参加临时紧急食物援助计划 (TEFAP) (Households of one person who receive Medicaid are eligible for TEFAP).

低收入家庭能源援助计划 (LIHEAP) [Low Income Home Energy Assistance Program (LIHEAP)]

失业补助 (Unemployment)

住房补贴 (Housing subsidies)

退伍军人援助 (Veteran's Assistance)

商品补充食品计划 (CSFP) [Commodity Supplemental Food Program (CSFP)]

儿童健康保险计划 (CHIP) [Children's Health Insurance Program (CHIP)]

免费/减价校餐 (Free/reduced price school meals)

社会残疾保障保险 (SSDI) 或残疾救济金 (Social Security Disability Insurance (SSDI) or disability payments)

无 (None)

贫困家庭临时援助或现金援助 (TANF or cash assistance)

医疗补助 (Medicaid)

社会保障生活补助 (SSI) [Supplemental Security Income (SSI)]

医疗保险 (Medicare)

妇女、婴儿和儿童 (WIC) [Women, Infants, and Children (WIC)]

社会保障 (Social Security)

工伤补偿 (Worker's Compensation)

所得税抵免 (EITC) 或其他可退税抵免 (Earned Income Tax Credit (EITC) or other refundable tax credit)

*家庭收入 (Household Income):

每周 (per week)\$ _____ 或 (OR) 每月 (per month)\$ _____ 或 (OR) 每年 (per year)\$ _____

代理人: 还有其他人可代您取餐吗? (Proxy: Is there someone else who may pick up food for you?)

姓名 (Name): _____ 电话号码 (Phone Number): _____

根据联邦民权法和美国农业部 (USDA) 民权法规和政策, 该机构不得基于种族、肤色、民族血统、性别 (包括性别认同和性取向)、残障、年龄进行歧视, 也不得对之前的民权活动进行报复。节目信息可能以英语以外的语言提供。需要替代通信方式获取计划信息 (如盲文、大号字体、录音带、美国手语) 的残障人士, 应致电 (202) 720-2600 (语音和tty), 联系负责管理该计划的州或地方机构或美国农业部的目标中心 (TARGET Center), 或致电 (800) 877-8339, 通过联邦中继服务 (Federal Relay Service) 联系美国农业部。如需提出计划歧视投诉, 则投诉人应填写 AD-3027 表格, 即美国农业部计划歧视投诉表格, 该表格可通过以下方式从美国农业部办事处获取: 在线访问 <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20PCComplaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, 致电 (866) 632-9992 或写信给美国农业部。投诉信必须包含投诉人的姓名、地址、电话号码, 以及被指控歧视行为相关详细描述, 以便将被指控侵犯公民权利行为的性质和日期告知民权事务助理部长 (ASCR)。已填妥的 AD-3027 表格或信件必须通过以下方式提交给美国农业部 (USDA): (In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20PCComplaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by):

1. 邮寄 (Mail): U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
2. 传真: (833) 256-1665 或 (202) 690-7442; 或 [Fax: (833) 256-1665 or (202) 690-7442; or]
3. 电子邮箱 (Email): Program.Intake@usda.gov.

本机构提供平等机会 (This institution is an equal opportunity provider)。

以下问题可选答，不会影响您的临时紧急食物援助计划服务。

您选择提供的任何资料将仅用于改善我们为社区所提供的服务。

**(The following questions are optional and will not impact your TEFAP service.
Any information you choose to provide will only be used to improve our services to the community.)**

***突出显示字段可以帮助我们更好地为您服务! (Highlighted fields will help us the most to serve you better!)**

电子邮箱地址 (Email Address): _____

***电话号码 (Phone Number):** _____

可以通过电子邮件联系 (OK to contact via email)

可以通过电话联系 (OK to contact via phone) 没有电话 (No phone)

首选通讯方式 (Preferred method of communication):

短信 (Text)

电话 (Call)

电子邮箱 (Email)

***出生日期 (Date of Birth):** ____ / ____ / ____ (月/日/年) [(MM/DD/YYYY)] 或 **年龄 (or Age):** _____

***性别 (Gender):**

男性 (Male)

女性 (Female)

跨性别 (Transgender)

跨性别女性/跨性别女士 (Trans Female / Trans Woman)

跨性别男性/跨性别男士 (Trans Male / Trans Man)

非二元性别 (Non-binary)

性别不符 (Gender non-conforming)

以上均不是 (None of these)

不知道/不愿作答 (Don't know / Prefer not to answer)

***种族/民族 (选择所有适用项) [Race / Ethnicity (choose all that apply)]:**

白种人 (White)

亚裔 (Asian)

夏威夷原住民或其他太平洋岛民 (Native Hawaiian or Other Pacific Islander)

西班牙裔、拉丁裔或西班牙人 (Hispanic, Latino, or Spanish)

美洲印第安人或阿拉斯加原住民 (American Indian or Alaska Native)

美国黑人或非洲裔美国人 (Black or African American)

中东或北非裔 (Middle Eastern or North African)

其他种族或民族 (Some other race or ethnicity)

不知道/不愿作答 (Don't know / Prefer not to answer)

首选语言 (Preferred Language(s)):

英语 (English)

法语 (French)

越南语 (Vietnamese)

您是否需要翻译服务? (Do you need translation services?)

西班牙语 (Spanish)

韩语 (Korean)

阿拉伯语 (Arabic)

是 (Yes)

阿姆哈拉语 (Amharic)

中文 (Mandarin)

其他 (Other): _____

否 (No)

家庭成员 (Household Members):

提供您家中所有其他人 (不包括您自己) 相关下列信息。(Provide the following information for all other people in your household, **not including yourself**).

名字 (First Name)	姓氏 (Last Name)	*出生日期或年龄 (Date of Birth or Age)	性别 (Gender)	种族 (Ethnicity)

***饮食注意事项 (Dietary Considerations):**

低糖/低碳 ("糖尿病友好型") [Low-sugar / Low-carb ("diabetes-friendly")]

无麸质 (Gluten-free)

素食 (Vegetarian)

食物过敏原 (Food allergen): _____

低钠/低饱和脂肪 ("心脏健康") [Low-sodium / low-saturated fat ("heart healthy")]

犹太教 (Kosher)

软食/牙齿问题 (Soft diet / dental concerns)

清真 (Halal)

素食 (Vegan)

烹饪设备有限/无 (Limited / no cooking equipment)

其他 (Other): _____

无忌口 (No restrictions)

不知道/不愿作答 (Don't know / prefer not to answer)

服兵役状态 (Military Status):

您家中是否有人 (包括您本人) 是美国武装部队现役军人? 现役包括在美国武装部队服役以及在预备役或国民警卫队 (Has anyone in your household, including yourself, served on active duty in the U.S. Armed Forces? Active duty includes serving in the U.S. Armed Forces as well as activation from the Reserves or National Guard).

是, 之前是现役军人, 但现在不是 (Yes, on active duty in the past, but not now)

是, 现在是现役军人 (Yes, now on active duty)

否, 除初始/基本培训外, 从来不是现役军 (No, never on active duty except for initial/basic training)

不知道/不愿作答 (Don't know / Prefer not to answer)

否, 从未在美国武装部队服役 (No, never served in the U.S. Armed Forces)