



Using Data to Change Lives

ALL FAITHS FOOD BANK KICK-OFF TO LINK2FEED



LINK2FEED AGENCY AGENDA



WHAT IS LINK2FEED?

WHY DO WE USE IT?

SECURITY FEATURES

REQUIRED HARDWARE & SOFTWARE

WHAT ARE THE BENEFITS?

WHERE DO WE REGISTER?

REGISTRATION PROCESS & FORMS

LINK2FEED INTERFACE

NEXT STEPS / Q&A

WHAT IS LINK2FEED & WHY USE IT?



SO...WHAT IS LINK2FEED?



LINK2FEED IS AN ANSWER



Link2Feed (L2F) is a holistic client management system built especially for hunger relief organizations.

Link2Feed allows us to answer:

- Who are our clients?
- What are the needs of our clients?
- Where are they located?

Allowing us to understand true client needs and close food gaps.

WHAT IS THE PURPOSE OF USING LINK2FEED?



Used to collect, manage, and report service data

- Generate custom reports.

Track all programs across AFFB's entire network

Provide real-time information.

100% Online*

Gathers all required information that is needed for compliance as a network

Maintain safe and secure client information.

SECURITY FEATURES





LINK2FEED SECURITY FEATURES

- 256-Bit Encryption (same level as online banking)
- Reports have no identifiable information
- Automatic timeout feature that logs users out after a period of inactivity
- Customized user accounts to provide only relevant information for their job function

AFFB and L2F are extremely committed to client dignity and security.

HARDWARE & SOFTWARE REQUIREMENTS



Hardware Requirements

- Memory (RAM): 512 MB
- Hard Drive Space: 500 MB
- Internet Access: via Ethernet, WiFi, Gobi (4G/4G LTE), Mobile Broadband (4G/4G LTE)

Software Requirements

- Web Browser – No Internet Explorer or Edge!
 - Google Chrome (up to date)
 - Mozilla Firefox (up to date)
 - Safari 7+ (up to date / OS X only)

Other Info

- JavaScript must be enabled
- Cookies must be enabled
- SSL must be enabled
- Some reports require Flash (table tools)
 - Chrome contains Flash by default
 - Firefox and Safari require Flash to be installed

Supported Operating Systems

- Windows (7 or Higher)
- Mac OS X (10.9 or Higher)

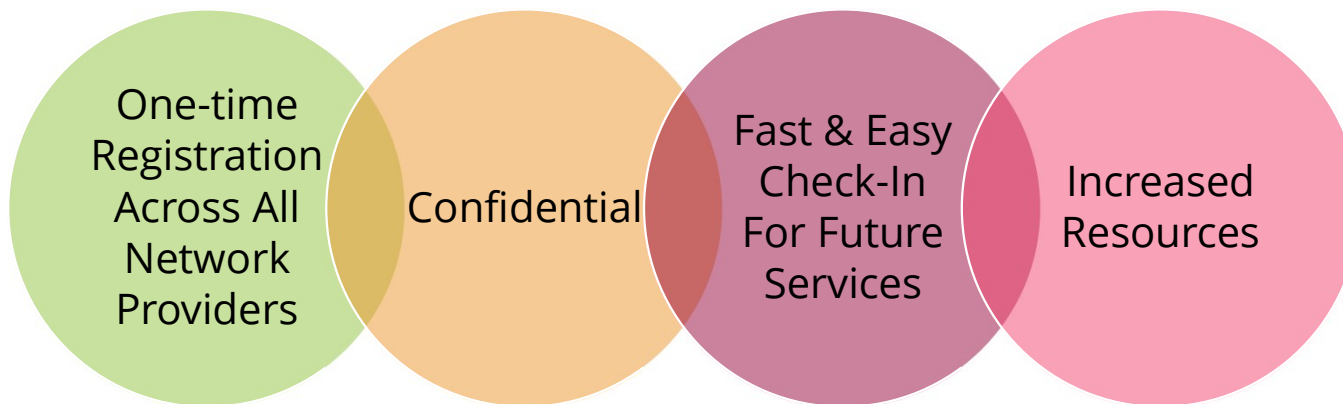


**WHAT ARE
THE
BENEFITS?**

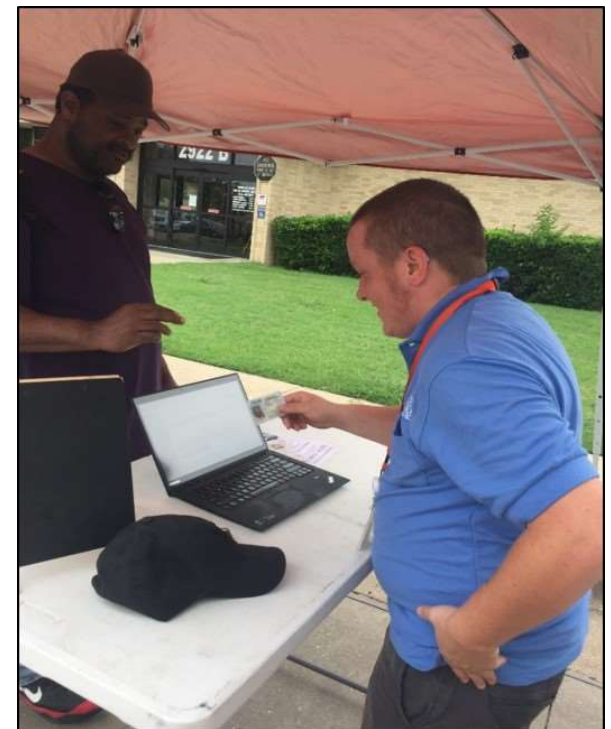




BENEFITS TO OUR NEIGHBORS



Link2Feed's software helps All Faiths Food Bank's network understand who is using their services and how to help them



BENEFITS TO OUR AFFB NETWORK



EASY INTAKE

Intuitive
Step-By-Step
Intake
Process Easy
For Those
With Limited
Computer
Experience

***PAPERLESS PROCESS**

Eliminates
The Need For
Hardcopy
Client Files

AUTOMATED COMPLIANCE

TEFAP
Requirements
Including
Electronic
Signature,
Eligibility, &
Reporting
Directly In The
Software

GRAPHIC REPORTING

Generate
Custom
Reports
Saving Hours
Of Manual
Tabulation &
Making
Analysis Easy

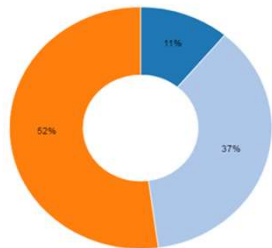
MULTI-PROGRAM TRACKING

Track All
Programs
Across AFFB's
Entire
Network For
Accurate
Unduplicated
Reporting

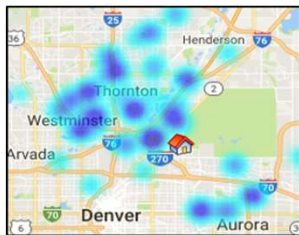
IMPROVED EFFICIENCY

Increase Our
Network's
Efficiency &
Communication

REPORTING FEATURES IN NETWORK



STATISTICS REPORT – Used to complete monthly reports. Provides an aggregate overview of various metrics, configurable at run-time



HEAT MAP REPORT – A visual distribution of clients who have visited in the report period.



INTERACTIVE HOUSEHOLD REPORT – Allows pivoting of data with the click of a mouse!

**WHERE DO
NEIGHBORS
REGISTER?**



DIFFERENT TYPES OF PANTRIES



Child & Family Pantries

- All Non –TEFAP
- In Schools or Child Centered Organizations
- Via Choice / Walk Up / Drive Thru



Phone* Calls

- TEFAP Still Needs Signing
- Via OfficePhones



Agency Pantries

- TEFAP or Non-TEFAP Sites
- In a Variety of Organizations
- Via Choice / Walk Up / Drive Thru



Mobile Pantries*

TEFAP Mobiles

(USDA Subsidized Products: Protein, Dry Goods, & Produce)

Non – TEFAP

- **Mobile Pantries**
(With Protein, Dry Goods, & Produce)
- **Mobile Farm Markets**
(Produce only)
- In a Variety of Locations
- Via Drive Thru*

TEFAP

The Emergency Food Assistance Program

THE PROCESS & FORMS



ALWAYS COLLECT CLIENT CONSENT



When conducting intake with your client you must collect verbal consent to record their information. This is a great opportunity to tell them why we're collecting data!

Intake Person: Hi! I'd like to get some information from you to add to our Link2Feed Database so the next time you come in your visit will be faster. Would that be OK?

Client: Why?

Intake Person: All Faiths Food Bank is collecting household information to improve our programs and services. This one-time registration will allow you to check-in at future visits using just Client ID or DOB. We will ensure that all your personal information will remain **confidential** and will not be shared outside of the food bank network.

WHAT IF A CLIENT DOESN'T WANT THEIR INFORMATION IN LINK2FEED?



Non-TEFAP Sites: Clients Can Refuse To Disclose Information

If they Deny Sharing Information in Total = Anonymous visit

They Share only the Minimum: Name, DOB, & Address = Basic Registration Allowed in L2F

- Clients have the option to opt-out of answering all other category questions
- Such Fields offer the options: "Didn't Ask", "Don't Know", & "Prefer Not To Answer"
- In a Minimal Share Case: "Don't Know" or "Prefer Not To Answer" may be necessary
- **Selecting "Didn't Ask" is for when a Volunteer/Staff doesn't ask the question and these questions will pop up again on the next visit requiring an answer to be filled out.*

TEFAP Sites: Technically, REQUIRE Signed Qualified TEFAP Form only

Option To Record "Anonymous Visits" Is A Last Resort

We Only record Name & Number Of Household Members (No other data is collected in system)

INTAKE FORM

IN ENGLISH, SPANISH, PORTUGUESE, CREOLE, RUSSIAN,
UKRAINIAN & POLISH



Assigned Client ID # _____

Primary Registration Information

1 ***Consent to Collect Data:** Yes¹ No² **Number of People in Household:** _____

2 ***Last Name:** _____ ***First Name:** _____

3 ***Date of Birth:** ____/____/____ (mm/dd/yyyy) Date of Birth Estimated

4 ***Gender Identity:** Female¹ Male² None of these³ Transgender⁴ Didn't Ask⁵ Prefer not to answer⁶

5 ***Marital Status:** Common-Law¹ Separated⁴ Didn't Ask⁷
 Divorced² Single⁵ Don't Know⁸
 Married³ Widowed⁶ Prefer not to answer⁹

6 ***Address:** _____
 Address (Line 2 - Apt, Lot or Unit #): _____ ***City:** _____

7 ***County:** _____ ***State:** _____ ***Zip Code:** _____
 No fixed address⁷ Prefer not to answer⁸

8 ***Housing Type: (Select one)**
 Emergency Shelter/Mission/Transitional¹ Public (Social) Housing⁵ Other⁹
 Evacuee² Unhoused⁶ Didn't Ask¹⁰
 Own Home³ With Family/ Friends⁷ Don't Know¹¹
 Private Rental⁴ Youth Home / Shelter⁸ Prefer not to answer¹²

9a **Email Address:** _____ **10a Home Phone Number:** _____
 9b **Preferred Language(s):** _____ **10b Mobile Phone Number:** _____

11 ***Referred by:**
 Announcement from school¹ Current Client⁴ Door Hanger⁷
 Flyer/Schedule² Food Bank Staff Member⁵ Friend or family member⁸
 Newspaper /Radio/ TV³ Postcard mailing⁶ Social Media/Website⁹
 Other¹⁰ _____

12 ***Ethnicity: (Select all that apply)**
 Alaska Native/ Aleut Eskimo¹ Hispanic / Latino⁵ Didn't Ask⁹
 American Indian/ Native American² Middle Eastern / North African⁶ Don't know¹⁰
 Asian³ Pacific Islander⁷ Prefer not to answer¹¹
 Black / African American⁴ White / Anglo⁸

13 ***Self-identify as a Veteran:** Yes¹ No² Didn't ask³ Don't know⁴ Prefer not to answer⁵

14 ***Self-identify as a Person with Disability?:** Yes¹ No² Didn't ask³ Don't know⁴ Prefer not to answer⁵

15 ***Does anyone in your household receive Supplemental Nutrition Assistance Program (SNAP)?**
 No¹ Yes² Didn't ask³ Don't know⁴ Prefer not to answer⁵

16 ***Does anyone in your household receive any of the following benefits? (Check all that apply)**
 Free or Reduced School Lunch¹ Supplemental Security Income (SSI)⁷ Don't Know⁸
 Low-Income Home Energy Assistance Program (LIHEAP)² Temporary Assistance to Needy Families (TANF)⁵ No Benefits¹⁰
 Medicaid³ Other Benefits⁴ Prefer not Answer¹¹
 Supplemental Assistance for Women, Infants & Children (WIC)⁶ Didn't Ask⁹

17 ***Total Monthly Household Income:** \$ _____

English V2024

Additional Household Members

Please fill in a line of information for each additional household member including spouse, children, parents, grandchildren, siblings, or anyone else who belongs to your household. Please **DO NOT** list yourself.

Name ¹ (First and Last)	Date of birth ² MM/DD/YYYY	Gender ¹	Relationship to You ⁴	Ethnicity ³	Self-Identify as Veteran? ⁵	Does this person have a Disability? ⁷
1.					<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Didn't know ⁶ <input type="checkbox"/> Prefer not to answer ⁵	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Didn't know ⁶ <input type="checkbox"/> Prefer not to answer ⁵
2.					<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Didn't know ⁶ <input type="checkbox"/> Prefer not to answer ⁵	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Didn't know ⁶ <input type="checkbox"/> Prefer not to answer ⁵
3.					<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Didn't know ⁶ <input type="checkbox"/> Prefer not to answer ⁵	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Didn't know ⁶ <input type="checkbox"/> Prefer not to answer ⁵
4.					<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Didn't know ⁶ <input type="checkbox"/> Prefer not to answer ⁵	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Didn't know ⁶ <input type="checkbox"/> Prefer not to answer ⁵
5.					<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Didn't know ⁶ <input type="checkbox"/> Prefer not to answer ⁵	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Didn't know ⁶ <input type="checkbox"/> Prefer not to answer ⁵
6.					<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Didn't know ⁶ <input type="checkbox"/> Prefer not to answer ⁵	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Didn't know ⁶ <input type="checkbox"/> Prefer not to answer ⁵
7.					<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Didn't know ⁶ <input type="checkbox"/> Prefer not to answer ⁵	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <input type="checkbox"/> Didn't ask ³ <input type="checkbox"/> Didn't know ⁶ <input type="checkbox"/> Prefer not to answer ⁵

This institution is an equal opportunity provider.

TEFAP QUALIFICATIONS

USDA Audits AFFB Annually



Income Eligibility



300%

Higher than the poverty level

Single HH was \$19,578

NOW \$45,180

2-Person HH was \$26,572

NOW \$61,320

4-Person HH was \$40,560

NOW \$93,600



TEFAP Form

Name

FL County

- Florida Residents Only
- Need Social Services and/or Income Eligibility
- Filled out by Neighbor

We check this box to verify the neighbor completed and read the entire form.

ALL FAITHS FOOD BANK
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
CERTIFICATION OF ELIGIBILITY TO TAKE FOOD HOME
 7 CFR 251

Name: _____ Number of People in Household: _____
 County: _____ Zip Code: _____

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. The chart below is effective July 1, 2024 - June 30, 2025.

Household Size	Annual Income	Monthly Income	Twice per Month	Every two Weeks	Weekly Income
1	\$45,180	\$3,765	\$1883	\$1738	\$869
2	\$61,320	\$5,110	\$2,555	\$2,358	\$1,179
3	\$77,460	\$6,455	\$3,228	\$2,979	\$1,490
4	\$93,600	\$7,800	\$3,900	\$3,600	\$1,800
5	\$109,740	\$9,145	\$4,573	\$4,221	\$2,110
6	\$125,880	\$10,490	\$5,245	\$4,842	\$2,421
7	\$142,020	\$11,835	\$5,918	\$5,462	\$2,731
8	\$158,160	\$13,180	\$6,590	\$6,083	\$3,042
For each additional family member add:	\$16,140	\$1,345	\$673	\$621	\$310

You are eligible to receive food from TEFAP if your household meets the income guidelines above or participates in any of the following programs. Please place a checkmark in the space next to the category that applies.

Income eligibility
 Supplemental Nutrition Assistance Program (SNAP) (aka Food Stamps)
 Temporary Assistance to Needy Families (TANF)
 Supplemental Security Income (SSI)
 Medicaid

The Local Distributing Agency staff must check this box, after the applicant has read the below certification statement:

I certify, by self attesting, that my yearly household gross income is at or below the income listed on this form for households with the same number of people OR that I participate in the program(s) that I have checked on this form. I also certify that as of today, I reside in the State of Florida. This certification is being submitted in connection with the receipt of Federal assistance. I understand that making a false certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

OPTIONAL: I authorize _____ to pick up USDA foods on my behalf

Any changes in the household's circumstances must be reported to the distributing agency immediately.

PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT FOR THE USDA NON-DISCRIMINATION STATEMENT

(English) Updated 1/25

in House



Zip Code

Qualifiers:
Benefits and/or Income

Proxy Name
(Someone outside house)

THE LINK 2 FEED INTERFACE



LINK2FEED DASHBOARD



LINK2FEED | AFFB Alta Vista School Pantry | Search | Rocio

Tuesday, June 28th

- Dashboard
- Clients
- Programs
- Reports
- Messages
- Administration
- Support

Dashboard

Unread Announcements

You have no unread Announcements

[All Announcements](#)

Households Served Today

0

Individuals Served Today

0

Search for Clients By...

Client ID | Date of Birth | **Name** | Address | Phone

+ New Client | + New Anonymous Visit | Scan Barcode

Most Recently Accessed Client Records

These are your most recently opened client records, not a comprehensive list of clients. Clear History

Per page: 10 | Search in History

Client ID #	Last / Nickname	First Name	Last Accessed	
9000242	Burke	Elizabeth	06-23-2022 @ 12:14 PM	Edit
3823176	Livingston	Lena	06-22-2022 @ 03:04 PM	Edit
8622999	Pena Perez	Guillermo	06-22-2022 @ 10:09 AM	Edit

SERVICES PAGE (DEFAULT)

WHERE THE PANTRY VISIT IS RECORDED



THE ALERT NOTES
TEFAP
DATES &
PROXIES

THE TABS FOR THE
DIFFERENT PROFILE
PAGES (DEFAULT IS
SERVICES)

CLIENT NAME
AND ID#

THIS BAR IS THE REGISTRATION BUTTON:
CLICK HERE TO REGISTER THIS PANTRY VISIT
*THIS BAR WILL VARY BASED ON TYPE OF
PANTRY YOU'RE LOGGED INTO*
I.E., MOBILE FARM MARKET, TEFAP MOBILE,
MOBILE PANTRY, SCHOOL PANTRY, PARTNER

AFFB Booker Middle TEFAP - Mobile Pantry

Search [] [] [] [] Erin

Alert 1 x Alert 2 x Alert 3 x Alert 4 x Alert 8 x

Last Updated: 02-25-2025 @ 10:28 AM
TEFAP Filed 3.1.25
Proxy Jane Smith

PERSONAL MONTHLY INCOME SERVICES NOTES ACTIVITY

Services
See Client in View Mode

Client, Test 680103

Household Summary

Household Size	3	No. Visits (last 30 days)	2
Adults (18-59)	1	Total Monthly Gross Income	\$ 900.00
Seniors (60+)	1	Household Social Programs	Medicaid Supplemental Nutrition Assistance Program (SNAP) (aka Food Stamps) Supplemental Security Income (SSI) Temporary Assistance to Needy Families (TANF)
Children (0-17)	1	Eligible Programs	TEFAP Mobile Pantry

New TEFAP Mobile Pantry Eligible New Mobile Pantry

NEW TEFAP SERVICES ENTRY



TOP OF TEFAP SERVICE REGISTRATION PAGE

BOTTOM OF SAME PAGE

FILED TEFAP SERVICES ENTRY



TOP OF TEFAP SERVICE REGISTRATION PAGE

BOTTOM OF SAME PAGE

NON-TEFAP SERVICES ENTRY



LINKFIELD AFFB Booker Middle TEFAP - Mobile Pantry

Thursday, February 27th

PERSONAL MONTHLY INCOME SERVICES NOTES ACTIVITY

Mobile Pantry New Client: Test 680103

Household Summary

Household Size	No. Visits (last 30 days)	Eligible Programs
Adults (18-59)	Total Monthly Gross Income	TEFAP Mobile Pantry
Seniors (60+)	\$ 900.00	
Children (0-17)	Household Social Programs	
	Medicaid	
	Supplemental Nutrition Assistance Program (SNAP) aka Food Stamp	
	Supplemental Security Income (SSI)	
	Temporary Assistance to Needy Families (TANF)	

General Visit Details

Date: 02-27-2025

Who from the household is receiving services for this visit? Select All Deselect All

Test Client Test Spouse child test

Notes

Mark this note as an alert Mark this note as private (show to my organization only)

Cancel Save

SELECT SAVE TO REGISTER THE VISIT

CLIENT PERSONAL PAGE



THE SAME ALERT NOTES SHOW AT THE TOP OF EACH PAGE

THE BLUE TAB IS THE PAGE YOU'RE VIEWING

SAME CLIENT NAME AND ID#

BE SURE TO COMPLETE ALL * FIELDS & SCROLL DOWN

AFFB Booker Middle TEFAP Mobile Pantry

Search [] [] [] [] Erin

Alert 1 x Alert 2 x Alert 3 x

Last Updated: 02-02-2023 @ 10:50 AM
Tefap Updated on 2/2/23
Proxy Jane Doe

PERSONAL MONTHLY INCOME SERVICES NOTES ACTIVITY

Personal Information
See Client in View Mode

Client: Test 680103

* First Visit: Nov 29 2018 Status: Active

Last Profile Review: Nov 7th — 133 days ago
Review Profile On Next Visit

Last Visit to Agency: Nov 21st — 119 days ago

* Last Name: Client * First Name: Test

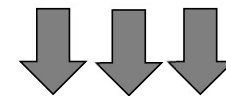
* Date of Birth: 09-15-1987 Age: 35 * Gender Identity: Male

Is Date of Birth Estimated?

Verbal Consent to Record Information
 Yes No

* Marital Status
 Common Law Separated Didn't Ask

33



CLIENT PERSONAL PAGE CONTINUED

(BOTTOM) *HOUSEHOLDS*



LINK2FEED AFFB Booker Middle TEFAP Mobile Pantry Search Erin

Monday, March 20th

- Dashboard
- Clients
- Programs
- Reports
- Messages
- Administration
- Support

Email Addresses
[+ Add](#)

Phone Numbers
[+ Add](#)

Referred By
Current Client

Ethnicity

- Alaska Native / Aleut / Eskimo
- American Indian / Native American
- Asian
- Black / African American
- Hispanic / Latino
- Middle-Eastern / North-African
- Pacific Islander
- White / Anglo
- Didn't Ask
- Don't Know

Self-Identifies As

- Disability
- Veteran
- None
- Didn't Ask
- Prefer Not to Answer

Household Members

Name	Relationship	Gender Identity	Age	Date of Birth
Test Spouse	Parent	Female	65	Sep 08 1957
child test	Child			

[+ Add](#)

Save Changes [Save & Next](#)

CHECK TO MAKE SURE HOUSEHOLD MEMBERS ARE ALL INCLUDED AND CORRECT

TO EDIT HOUSEHOLD MEMBER
WHAT WE USE MOST

TO REMOVE A HOUSEHOLD MEMBER (THEY'RE STILL IN THE SYSTEM, JUST NOT THIS HOUSEHOLD)

TO ADD NEW MEMBER

AFTER ENTERING/VERIFYING ALL DATA
TAP ON *SAVE & NEXT* TO SAVE ALL FIELDS AND MOVE TO MONTHLY INCOME PAGE

CLIENT MONTHLY SERVICES PAGE

WHERE YOU'RE SENT AFTER SAVE & NEXT IN PERSONAL PAGE



LINK2FEED | AFFB Booker Middle TEFAP Mobile Pantry

Last Updated: 02-02-2023 @ 10:50 AM
Tefap Updated on 2/2/23
Proxy Jane Doe

Alert 1 x Alert 2 x Alert 3 x

PERSONAL MONTHLY INCOME SERVICES NOTES ACTIVITY

Monthly Income and Expenses

See Client in View Mode | Client: Test | 680103

Household Social Programs

* Does anyone from the household currently receive Supplemental Nutrition Assistance Program (SNAP) (aka Food Stamps) or food stamps?

No Yes Didn't Ask Don't Know Prefer Not to Answer

* Other Household Benefits

Free or Reduced School Lunch Supplemental Security Income (SSI) Don't Know
 Low-Income Home Energy Assistance Program (LIHEAP) Temporary Assistance to Needy Families (TANF) No Benefits
 Medicaid Other Benefits Prefer Not to Answer
 Supplemental Assistance for Women, Infants and Children (WIC) Didn't Ask

Monthly Income

* Monthly Household Income

\$ 600.00

Monthly Gross Income	\$ 600.00
Total Monthly Expenses	\$ 0.00
Monthly Net Income	\$ 600.00

Save & Next

MONTHLY INCOME TAB IS BLUE

FILL OUT ALL APPLICABLE BENEFITS FIELDS & THE MONTHLY HOUSEHOLD INCOME

CLICK SAVE & NEXT

CLIENT SERVICES PAGE

WHERE YOU'RE SENT AFTER SAVE & NEXT IN MONTHLY INCOME



LINK2FEED AFFB Booker Middle TEFAP - Mobile Pantry

Last Updated: 02-25-2025 @ 10:28 AM
TEFAP Filed 3.1.25
Proxy Jane Smith

PERSONAL MONTHLY INCOME SERVICES NOTES ACTIVITY

Services
See Client in View Mode

Client, Test 680103

Household Summary	
Household Size	3
Adults (18-59)	1
Seniors (60+)	1
Children (0-17)	1
No. Visits (last 30 days)	2
Total Monthly Gross Income	\$ 900.00
Household Social Programs	
Medicaid Supplemental Nutrition Assistance Program (SNAP) (aka Food Stamps)	
Supplemental Security Income (SSI) Temporary Assistance to Needy Families (TANF)	
Eligible Programs	TEFAP Mobile Pantry

New TEFAP Mobile Pantry Eligible

New Mobile Pantry

Last Profile Review
h - 2 days ago
Review Profile On Next Visit

visit to Agency

No activity has been recorded for this client.

36

AFTER SAVE & NEXT IN MONTHLY INCOME, SYSTEM MOVES TO SERVICE PAGE

IF YOU NEED TO UPDATE THE NOTES, CLICK ON THIS NOTES TAB

IF YOU HAVEN'T REGISTERED THE VISIT YET, SELECT THIS BAR & FOLLOW INSTRUCTIONS AS STATED BEFORE

CLIENT NOTES PAGE

YOU MUST CLICK ON NOTES TAB TO GO TO THIS PAGE



LINK2FEED AFFB Church of Palms Mobile Farm Market

Thursday, April 6th

Alert 1 Alert 2 Alert 3

Last Updated: 02-02-2023 @ 10:50 AM
Tefap Updated on 2/2/23
Proxy Jane Doe

PERSONAL MONTHLY INCOME SERVICES **NOTES** ACTIVITY

Notes Client: Test 680103

See Client in View Mode

Click Here Create New Note

+ New Note

Note created by Erin Schoenberg
Tefap Updated on 2/2/23
Proxy Jane Doe
02-02-2023 @ 10:50 AM

Note created by Erin Schoenberg
TEFAP Updated on 1/18/23
No Proxy
01-18-2023 @ 01:40 PM

Note created by Erin Schoenberg
TEFAP signed on 1/5/22
No Proxy
01-05-2023 @ 10:52 AM

Note created by Link2Feed Support (Updated on Jan 04 2023 by Erin Schoenberg)
Has 3 children aged 4.6,10
03-13-2020 @ 12:01 PM

Found 4 Notes

LINK2FEED AFFB Church

Thursday, April 6th

Edit a Note

ENTER IN NEW NOTES HERE

CHECK THIS BOX TO SET ALERT

Mark this note as an alert Mark this note as private (show to my organization only)

Cancel Save

CLICK SAVE

Note created by Erin Schoenberg
Tefap Updated on 2/2/23
Proxy Jane Doe
02-02-2023 @ 10:50 AM

Note created by Erin Schoenberg
TEFAP Updated on 1/18/23
No Proxy
01-18-2023 @ 01:40 PM

Note created by Erin Schoenberg
TEFAP signed on 1/5/22
No Proxy
01-05-2023 @ 10:52 AM

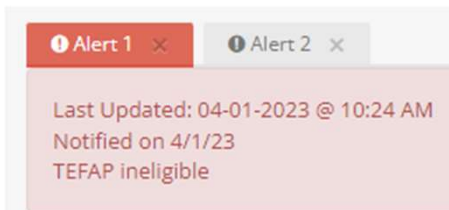
Note created by Link2Feed Support (Updated on Jan 04 2023 by Erin Schoenberg)
Has 3 children aged 4.6,10
03-13-2020 @ 12:01 PM

Found 4 Notes

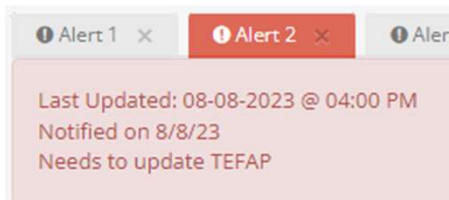
NOTES ON NOTES...

- L2F Notes Needed for Accountability & Compliance

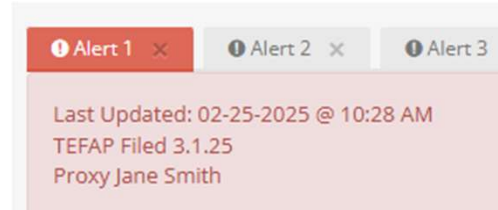
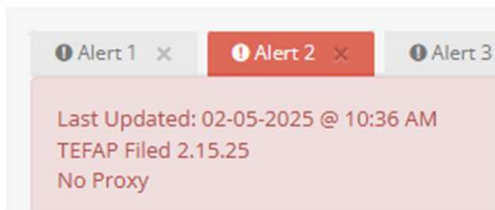
1. **TEFAP Ineligible:** Notified on “Date”, TEFAP Ineligible



2. **TEFAP needs Updating:** Notified on “Date”, needs to Update TEFAP



4. **TEFAP Filed:** TEFAP Filed on “Date”, Proxy “Full Name” or No Proxy



NEXT STEPS

**QUESTIONS &
ANSWERS**



NEXT STEPS

- Sign Memorandum of Understanding Form
- Civil Rights Training
 - [Click Here to Register](#)
- Registration Resources in Agency Portal
 - <https://allfaithsfoodbank.org/partner-agency-forms/>



ANY QUESTIONS ?

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