

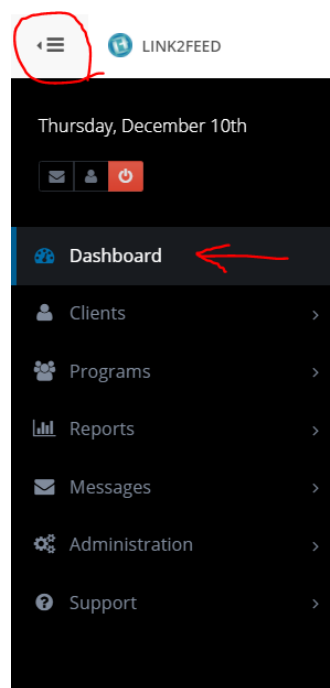
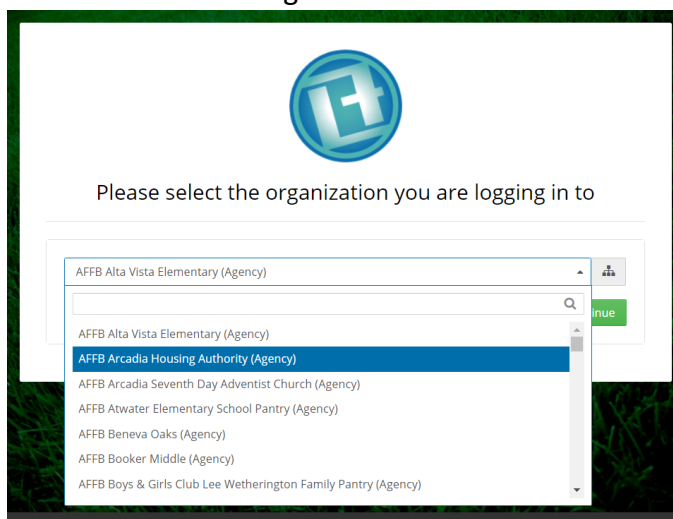


Link2Feed Data Entry Cheat Sheet (TEFAP)

Thank you for volunteering to enter data!

Please call Amber at (703) 283-6379 or Carolina (727) 631-3509 if you need help.

- 1) Select organization from the dropdown; you can type the name of the organization in the bar instead of scrolling down.



- 2) Access New Client registry by clicking Client Intake, then Dashboard.

→ Before creating a new client, make sure to first search for them as an existing client by using the search bar directly above the New Client button, to avoid creating duplicates.

- Try searching first name, then last. You can also search for partial words.
- Or search by date of birth.
- If the client you want to register is an existing client, the L2F system will automatically pull up that client's profile.
 - i. Click Yes if the client information matches that of the client in question
 - ii. Click No/Dismiss if the client in question is not a duplicate



Possible Duplicate

Possible Duplicate		
5159286	Coull, Joshua	1987-02-02
See More		
5159291	Coull, Joshua	2010-12-22
See More		

- 3) Click New Client underneath the Search Bar. Choose “**Specific Date**” and enter the date of the pantry where the client collected. Then enter client name, date of birth, gender, and marital status.

Search for Clients By... Client ID Date of Birth Name Address Phone

[+ New Client](#) [+ New Anonymous Visit](#)

- If entering data live or on the same day of the pantry, use **Today** option from drop-down for First Food Bank Visit section.
- Always click Yes for Verbal Consent to record information. Click No for Written Consent.



Personal Information

You are creating a new client profile

⚠ New client records will be removed in 72 hours if not completed. Complete this record by completing all numbered tabs.

→ **First Food Bank Visit** **Status**
Pending

Select

|

Select

Unknown

Today

Specific Date

mm-dd-yyyy

Age

* First Name

* Gender

Is Date of Birth Estimated?

* **Verbal** Consent to Record Information

Yes

No

* **Written** Consent to Record Information

Yes

No

- 4) Enter DOB as listed.
 - If client DOB is unspecified, type in "01/01/[estimated year]," and hit the "Date of Birth estimated" box beneath that field.
- 5) Enter address as listed.
 - Once you begin entering the address, suggestions will appear in a drop-down. If you can find the correct address in the list, all other address information will be automatically generated. Occasionally you may need to manually enter information for an address the system cannot locate.
- 6) Ignore fields for Email Address/Phone Number.
- 7) Complete Referred By and Ethnicity sections as listed.
 - Can check as many options for Ethnicity as apply.



8) “Self-Identifies As” section should only be used to note whether the client is a **veteran**. If paper registration states Yes, click “Veteran” in Self-Identifies Box. If paper states “No,” click “N/A.” Disregard all other choices.

<p>*Are you a Veteran: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* Self-Identifies As</p> <table border="0"> <tr> <td><input type="checkbox"/> Pregnant</td> <td><input type="checkbox"/> New Immigrant</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Postpartum</td> <td><input checked="" type="checkbox"/> Veteran</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> Breastfeeding</td> <td><input type="checkbox"/> Refugee</td> <td><input type="checkbox"/> Mental Illness</td> </tr> <tr> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Evacuee</td> <td><input type="checkbox"/> Undisclosed</td> </tr> </table>	<input type="checkbox"/> Pregnant	<input type="checkbox"/> New Immigrant	<input type="checkbox"/> Other	<input type="checkbox"/> Postpartum	<input checked="" type="checkbox"/> Veteran	<input type="checkbox"/> N/A	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Refugee	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Disability	<input type="checkbox"/> Evacuee	<input type="checkbox"/> Undisclosed	<p>*Are you a Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>* Self-Identifies As</p> <table border="0"> <tr> <td><input type="checkbox"/> Pregnant</td> <td><input type="checkbox"/> New Immigrant</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Postpartum</td> <td><input type="checkbox"/> Veteran</td> <td><input checked="" type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> Breastfeeding</td> <td><input type="checkbox"/> Refugee</td> <td><input type="checkbox"/> Mental Illness</td> </tr> <tr> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Evacuee</td> <td><input type="checkbox"/> Undisclosed</td> </tr> </table>	<input type="checkbox"/> Pregnant	<input type="checkbox"/> New Immigrant	<input type="checkbox"/> Other	<input type="checkbox"/> Postpartum	<input type="checkbox"/> Veteran	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Refugee	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Disability	<input type="checkbox"/> Evacuee	<input type="checkbox"/> Undisclosed
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9) Add other household members one at a time using the blue “Add” button at the bottom of the first page.

Name	Relationship	Gender	Age	Date of Birth
+ Add				

✓ Save Changes
Save & Next

- Additional household member information is located on the back of the registration form.
- A pop-up will appear requiring more details.

Household Member Info ×

<p>* Last Name</p> <input style="width: 90%;" type="text"/>	<p>* First Name</p> <input style="width: 90%;" type="text"/>																						
<p>* Date of Birth Age</p> <input style="width: 80%;" type="text" value="mm-dd-yyyy"/>	<p>* Gender * Relationship</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Is Date of Birth Estimated? </div> <div style="width: 45%;"> <input style="width: 90%;" type="text"/> </div> </div>																						
<p>* Ethnicity</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> White / Anglo</td> <td><input type="checkbox"/> Asian</td> </tr> <tr> <td><input type="checkbox"/> Black / African American</td> <td><input type="checkbox"/> Alaska Native / Aleut / Eskimo</td> </tr> <tr> <td><input type="checkbox"/> Hispanic / Latino</td> <td><input type="checkbox"/> Middle-Eastern / North-African</td> </tr> <tr> <td><input type="checkbox"/> American Indian / Native American</td> <td><input type="checkbox"/> Pacific Islander</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> None</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Undisclosed</td> </tr> </table>	<input type="checkbox"/> White / Anglo	<input type="checkbox"/> Asian	<input type="checkbox"/> Black / African American	<input type="checkbox"/> Alaska Native / Aleut / Eskimo	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Middle-Eastern / North-African	<input type="checkbox"/> American Indian / Native American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> None		<input type="checkbox"/> Other		<input type="checkbox"/> Undisclosed		<p>* Self-Identifies As</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Food Insecure</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> SNAP- Employed in past 6 months & actively seeking employment</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Undisclosed</td> </tr> <tr> <td><input type="checkbox"/> Veteran</td> <td></td> </tr> </table>	<input type="checkbox"/> Food Insecure	<input type="checkbox"/> Other	<input type="checkbox"/> SNAP- Employed in past 6 months & actively seeking employment	<input type="checkbox"/> None	<input type="checkbox"/> Disability	<input type="checkbox"/> Undisclosed	<input type="checkbox"/> Veteran	
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⊘ Cancel
✓ Save Changes



- If the additional household member already exists in the system, you will receive an alert stating that a possible duplicate has been found.

The image shows two side-by-side screenshots of a 'Possible Duplicate' alert in a software interface. Both screenshots display the same client information:

Possible Duplicate	
Client ID #	690240
First Name	Annie
Last Name	Dixon
Date of Birth	08-01-1950
Address	1845 18th St #207 Sarasota Florida 34234 United States
No other household members found.	
Last Visit Date	Location
11-23-2020	AFFB Sarasota Hope House

Below the table, the question 'Is this the client you are looking for?' is displayed. In the left screenshot, there are 'Yes' and 'No' buttons. In the right screenshot, there are 'Link' and 'Move' buttons.

- Click Yes to select the client and click Move to add client to the household
- Click no if the info in the pop-up does not match the client in question

10) Click Save & Next.

- If you missed any required fields, you will be required to complete them before moving forward.

11) Complete income information and check applicable services for EACH HOUSEHOLD MEMBER.

- Income and services/benefits information are on both the front and back of the registration form
- Click Add under the household member's name to add a source of income. Then add income type and monthly amount received. If none, choose No Income. **DO NOT LEAVE ANY INCOME SECTION BLANK.**
- Whichever income source is highest should be designated "Primary."
- Check if clients are receiving listed services or resources.
*SSI does NOT mean social security for 65+; please check SSI only for Disability



- **Never write “0.00” for an income estimation, even if no amount is listed (unless client’s income type is “No Income.”) If client’s income type is listed without a specific amount, we use the following estimations:**
 - i. Disability: \$733.00**
 - ii. Part Time Employment: \$499.00**
 - iii. Full Time Employment: \$999.00**
 - iv. Social Security: \$999.00**

12) Monthly Household **Expenses** field should be left blank.

13) Click Save & Next. **The final tab is the Services page**, where you should register a visit for the client whose intake you have completed.

- Beneath the Household Summary, you will find one or more blue boxes with program names. Click the name of the program listed on the registration folder.

New TEFAP Mobile Pantry ✓ Eligible

New Fresh Produce Program

***Make sure to select the correct Program (Always TEFAP)**

*At the bottom of the Services page, you can see a list of previously recorded visits, in case you need to double-check whether you already recorded one.

- Under General Visit Details, **adjust the date to match the date of the visit.**

General Visit Details

* Date

 2018-01-19

- Leave all names checked for the question about household members receiving services for the visit.
- **If pantry is a TEFAP site, enter the date and site of the pantry “Additional Notes/Information section,” as follows in this example. Also note any proxy listed for pick-up.**
 - i. “TEFAP form filed: 12/18/17.**



Proxy pick-up: Jane Doe.”

ii. **MAKE SURE TO MARK THIS NOTE AS AN ALERT** in the check-box below.

Additional Notes / Information

TEFAP form filed 12/10/2020
Proxy: Jane Doe

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

iii. In the eSignature section underneath, choose “Hard Copy Signature” under Signature Type, and check the box indicating that client has signed the hard copy. Make sure the date matches the date on the registration folder.

Client eSignature

The client must sign the form before you can save the changes.

Disclaimer
I certify 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. Program officials may verify what I have certified to be true. 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.

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

* Signature Type
Hard Copy Signature

* Client Signature
 Client has Signed Hard Copy

Date
2017-12-18

14) Afterward, click Save to log the visit.

15) Registration is complete!