

**ENDING
HUNGER**
ALL FAITHS FOOD BANK

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?





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)

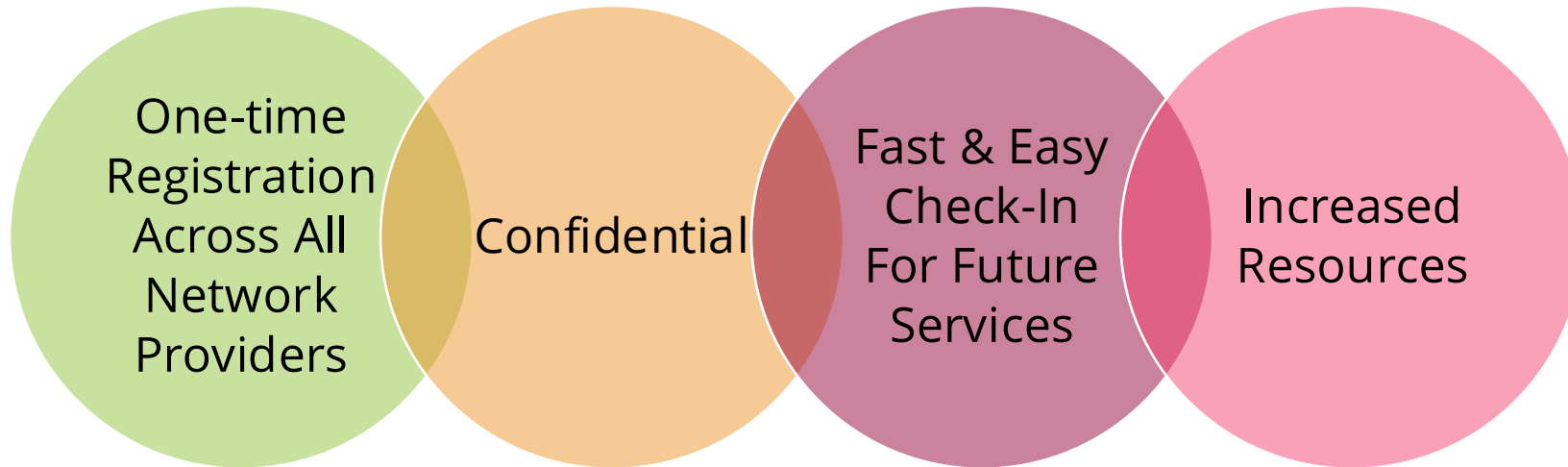


**WHAT ARE
THE
BENEFITS?**





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

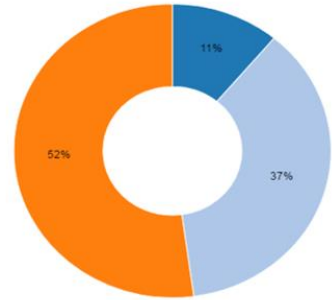
MULTI-PROGRAM TRACKING

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

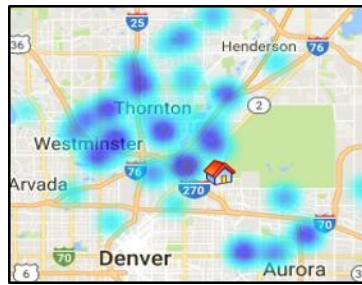
IMPROVED EFFICIENCY

Increase Our
Network's
Efficiency &
Communication

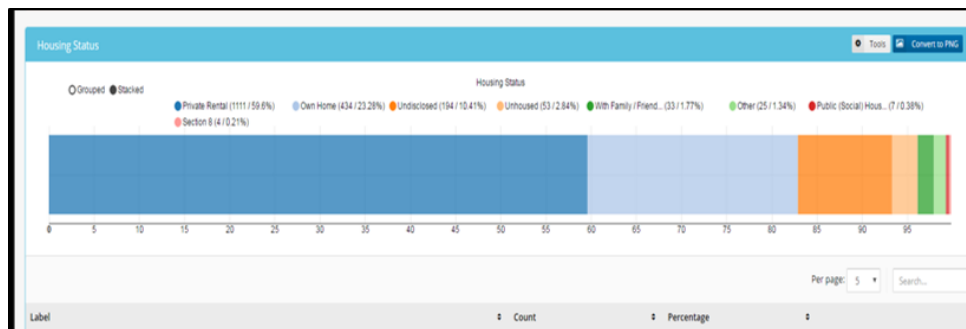
REPORTING FEATURES IN NETWORK



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 COMING SOON!



Assigned Client ID: _____

Primary Registration Information

1 **Consent to Collect Data:** Yes¹ No² **Number of People in Household³:** _____

2 ***Last Name¹:** _____ ***First Name²:** _____

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

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

5 ***Marital Status:** Common-Law¹ Separated⁴ Didn't Ask²
 Divorced² Single⁵ Don't Know³
 Married¹ 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) Housing³ Other⁴
 Evacuee² Unhoused⁶ Didn't Ask¹⁰
 Own Home³ With Family/ Friends⁷ Don't Know¹¹
 Private Rental⁴ Youth Home / Shelter⁸ Prefer not to answer¹²

9 **Email Address:** _____

10 **Home Phone Number:** _____ **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/ TV¹ 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
 Asian¹ 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)⁵ Don't Know⁴
 Low-Income Home Energy Assistance Program (LIHEAP)² Temporary Assistance to Needy Families (TANF)⁴ No Benefits¹⁴
 Medicaid³ Other Benefits⁷ Prefer not Answer¹¹
 Supplemental Assistance for Women, Infants & Children (WIC)⁴ Didn't Ask²

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

English V2023

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 ³	Relationship to You ⁴	Ethnicity ⁵	Self-Identify as Veteran? ⁶	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 ⁴ <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 ⁴ <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 ⁴ <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 ⁴ <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 ⁴ <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 ⁴ <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 ⁴ <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 ⁴ <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 ⁴ <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 ⁴ <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 ⁴ <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 ⁴ <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 ⁴ <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 ⁴ <input type="checkbox"/> Prefer not to answer ⁵

This institution is an equal opportunity provider.



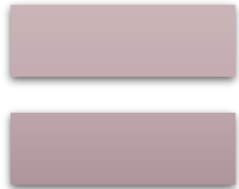
TEFAP QUALIFICATIONS

TEFAP Forms Need to Be Signed Each Year
USDA Audits AFFB Annually

SARASOTA
OR DESOTO
**COUNTY
RESIDENCY**



TOTAL
HOUSEHOLD
INCOME
OR
RECEIVE SOCIAL
SERVICE
BENEFITS



TEFAP
ELIGIBLE
NEIGHBOR

TEFAP FORM



1. NEED COMPLETE NAME & FULL ADDRESS
*City Spelled Out

Do Not Circle Here
Check Below Instead

4. NEEDS AT LEAST ONE OF THESE OPTIONS CHECKED
If anyone In The Household Receives Any of These, The Entire Household Qualifies

5. NEED NEIGHBOR'S SIGNATURE

7. OPTIONAL: NAME(S) OF PROXY PICKUP PERSON
* A Person OUTSIDE The Household
** Household Members Are Already Permitted To Pick Up, Don't Put Their Names Here

2. NEED THE # IN HOUSEHOLD

3. NEED COUNTY LISTED (NO ABBREVIATIONS) SARASOTA OR DESOTO ONLY
Anything Else is Ineligible

6. MUST HAVE A DATE OF SIGNING

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

Name: Sally Walden Number of People In Household: 4
Address: 123 Anywhere Lane
Sarasota, FL 12345 County: Sarasota

The following shows a yearly gross income for each family size. 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, 2023 - June 30, 2024.**

Household Size	Annual Income	Monthly Income	Twice per Month	Every two Weeks	Weekly Income
1	\$18,954	\$1,580	\$790	\$729	\$365
2	\$25,636	\$2,137	\$1,069	\$986	\$493
3	\$32,318	\$2,694	\$1,347	\$1,243	\$622
4	\$39,000	\$3,250	\$1,625	\$1,500	\$750
5	\$45,682	\$3,807	\$1,904	\$1,757	\$879
6	\$52,364	\$4,364	\$2,182	\$2,014	\$1,007
7	\$59,046	\$4,921	\$2,461	\$2,271	\$1,136
8	\$65,728	\$5,478	\$2,739	\$2,528	\$1,264
For each additional family member add:	\$6,682	\$557	\$279	\$257	\$129

The chart details eligibility criteria for monthly income, income received twice monthly (24 payments per year), income received every two weeks (26 payments per year) and weekly income.

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

Please read the following statement carefully and then sign the form and write in today's date. You only need to meet one of these requirements to be eligible to receive USDA foods.

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.

Signature: Sally Walden Date: 1/31/2024

THIS CERTIFICATION IS VALID FOR A PERIOD OF ONE YEAR and may be renewed as needed. Any changes in the household's circumstances must be reported to the distributing agency immediately.

OPTIONAL: I authorize Bastian Bux to pick up USDA foods on my behalf.

(English) 05/23

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. Per page: 10 Search in History Clear 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

CLIENT 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

Faith Lutheran Church Agency 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

Services
See Client in View Mode

Client: Test 680103

Household Summary			
Household Size	3	No. Visits (last 30 days)	1
Adults (18-59)	1	Suggested Visits per Month	1
Seniors (60+)	1	Total Monthly Gross Income	\$ 600.00
Children (0-17)	1	Household Social Programs	Supplemental Nutrition Assistance Program (SNAP) (aka Food Stamps) No Benefits
Children's Ages	12		

New Partner Agency Pantry

file Review
128 days ago
Profile On Next Visit

to Agency
has been recorded for this client.

INSIDE CLIENT TEFAP SERVICES



TOP OF TEFAP SERVICE PANTRY VISIT REGISTRATION PAGE

LINK2FEED | AFFB Booker Middle TEFAP Mobile Pantry | Search

Monday, March 20th

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

TEFAP Mobile Pantry New Client, Test 680103

Household Summary

Household Size	3	No. Visits (last 30 days)	0
Adults (18-59)	1		
Seniors (60+)	1		
Children (0-17)	1		
Children's Ages	12		

General Visit Details

* Date: 03-20-2023

Who from the household is receiving services for this visit?

Test Client Test Spouse child test

SCROLL ALL THE WAY DOWN

TEFAP SERVICE PANTRY VISIT REGISTRATION PAGE CONT...

LINK2FEED | AFFB Booker Middle TEFAP Mobile Pantry | Search

Monday, March 20th

information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Information is available in languages other than English.

To file a program discrimination complaint, you may file a Program Discrimination Complaint Form (PDF) at http://www.ascr.usda.gov/complaint_filing/html/how_to_file_a_complaint.html, visit any USDA office, or write a letter addressed to USDA and provide the letter to the information requested in the form. To request a copy of the complaint form, call (800) 632-9899. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

* Signature Type: Hard Copy Signature

* Signatory: Test Client

* Client Signature: Client has Signed Hard Copy

Date: 03-20-2023

SCROLL ALL THE WAY DOWN

SELECT THE SIGNED HARD COPY BOX

SELECT SAVE TO REGISTER THE VISIT

28

INSIDE CLIENT NON-TEFAP SERVICES



TOP OF MFM SERVICE PANTRY VISIT REGISTRATION PAGE

LINK2FEED AFFB Church of Palms Mobile Farm Market

Thursday, April 6th

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

Fresh Produce Program New Client, Test 680103

Household Summary

Household Size	3	No. Visits (last 30 days)	0
Adults (18-59)			
Seniors (60+)			
Children (0-17)			
Children's Ages	12		

General Visit Details

* Date 04-06-2023

Who from the household is receiving services for this visit?

Test Client Test Spouse child test

SCROLL ALL THE WAY DOWN

MFM SERVICE PANTRY VISIT REGISTRATION PAGE CONTINUED

LINK2FEED AFFB Church of Palms Mobile Farm Market

Thursday, April 6th

Children's Ages 12

General Visit Details

* Date 04-06-2023

Who from the household is receiving services for this visit?

Test Client Test Spouse child test

Additional Notes / Information

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

SCROLL ALL THE WAY DOWN

SELECT SAVE TO REGISTER THE VISIT

Save

CLIENT PERSONAL PAGE



THE SAME ALERT NOTES SHOW AT THE TOP OF EACH PAGE

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

THE BLUE TAB IS THE PAGE YOU'RE VIEWING

PERSONAL MONTHLY INCOME SERVICES NOTES ACTIVITY

SAME CLIENT NAME AND ID#

Client: Test 680103

Personal Information

See Client in View Mode

* 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

BE SURE TO COMPLETE ALL * FIELDS & SCROLL DOWN



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

<input type="checkbox"/> Alaska Native / Aleut / Eskimo	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Didn't Ask
<input type="checkbox"/> American Indian / Native American	<input type="checkbox"/> Middle-Eastern / North-African	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Prefer Not to Answer
<input type="checkbox"/> Black / African American	<input checked="" type="checkbox"/> White / Anglo	

* Self-Identifies As

<input type="checkbox"/> Disability	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Prefer Not to Answer
<input type="checkbox"/> Veteran	<input type="checkbox"/> Didn't Ask	

Household Members

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

+ Add

Save & Next

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

TO EDIT HOUSEHOLD MEMBER
WHAT WE USE MOST

TO ADD NEW MEMBER

CHECK TO MAKE SURE HOUSEHOLD MEMBERS ARE ALL INCLUDED AND CORRECT

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 | 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

MONTHLY INCOME TAB IS BLUE

PERSONAL MONTHLY INCOME SERVICES NOTES ACTIVITY

Monthly Income and Expenses

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 Didn't Ask Prefer Not to Answer
 Yes Don't Know

* 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

FILL OUT ALL APPLICABLE BENEFITS FIELDS & THE MONTHLY HOUSEHOLD INCOME

CLICK SAVE & NEXT

Save & Next

CLIENT SERVICES PAGE

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



LINK2FEED Faith Lutheran Church Agency Pantry

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

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
Children's Ages	12
No. Visits (last 30 days)	1
Suggested Visits per Month	1
Total Monthly Gross Income	\$ 600.00
Household Social Programs	Supplemental Nutrition Assistance Program (SNAP) (aka Food Stamps) No Benefits

New Partner Agency Pantry

Last Profile Review - 128 days ago
New Profile On Next Visit

it to Agency
No activity has been recorded for this client.

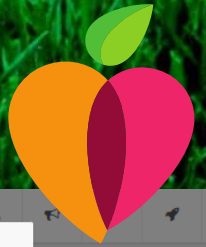
AFTER SAVE & NEXT IN MONTHLY INCOME, SYSTEM MOVES TO SERVICE PAGE

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



NOTES TAB IS IN BLUE

CLICK HERE CREATE NEW NOTE

ENTER IN NEW NOTES HERE

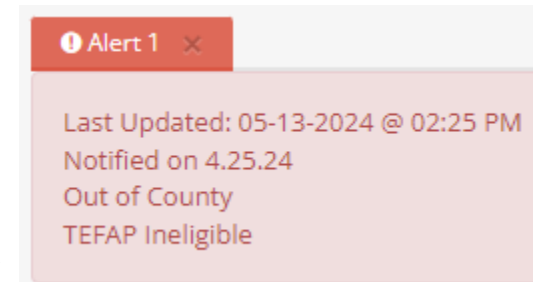
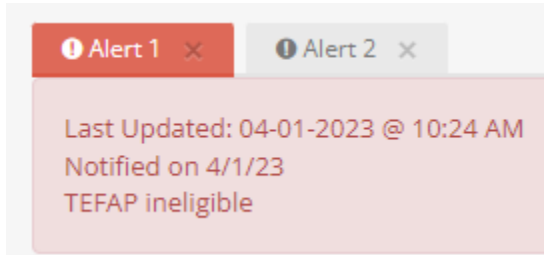
CHECK THIS BOX TO SET ALERT

CLICK SAVE

NOTES ON NOTES...

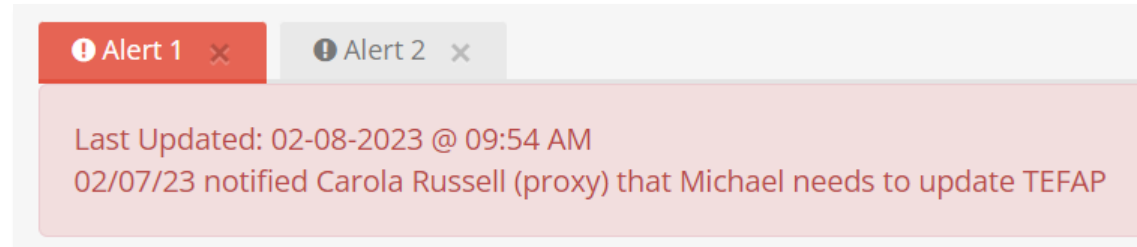
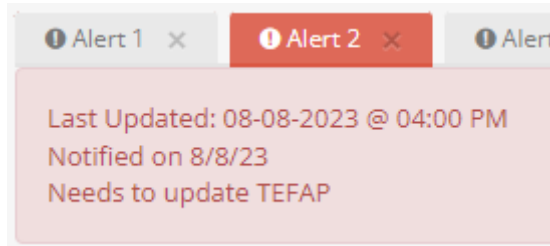
- L2F Notes Needed for Accountability & Compliance

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

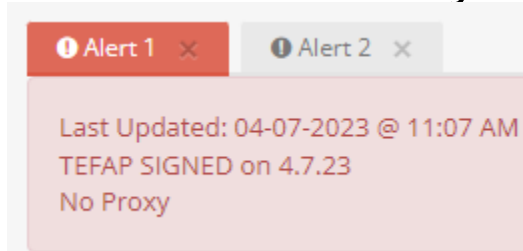
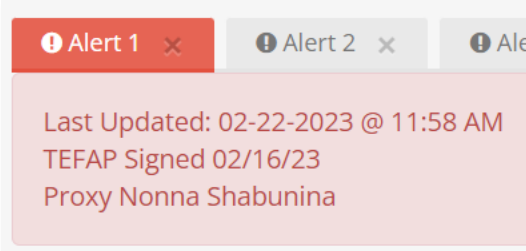


2. **Out of County*:** Notified on “Date”, Out of County

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



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



NEXT STEPS

**QUESTIONS &
ANSWERS**



NEXT STEPS

- Civil Rights Training
 - [Click Here to Register](#)
- Link2Feed Field Training
 - [Click Here to Sign-Up](#)

Coverage Always
Needed &
Appreciated
In South County &
Desoto Locations



Opportunity Name:
Client Registration Field Training - Link2Feed

Description:
Once you have attended the virtual introductory training, Erin will meet with you at Mobile Distribution sites to provide you with hands on training. After attending 2-3 onsite trainings, you will be eligible to start signing up for Link-2-Feed opportunities independently.

Select an Available Slot Below		
Date/Time & Details	Spots Available	
Thu, Nov 2, 2023 - 4:00 PM to 6:30 PM TEFAP Colonial Baptist: 2400 Taylor Ranch Trail, Venice	2	
Sat, Nov 4, 2023 - 8:00 AM to 10:00 AM MP Englewood Methodist 700 E Dearborn St, Englewood, FL	2	
Mon, Nov 20, 2023 - 9:00 AM to 11:00 AM MP Desoto Village 4810 FL-72, Arcadia, FL 34266	2	
Wed, Nov 22, 2023 - 8:30 AM to 10:30 AM MFM Roy McBean 1790 21st, Sarasota, FL 34234	2	
Mon, Nov 27, 2023 - 4:00 PM to 6:30 PM TEFAP First Congregational Church 1031 S Euclid Ave	2	
Sat, Dec 2, 2023 - 8:00 AM to 11:30 AM TEFAP North Port City Hall 4790 City Hall Blvd	2	
Mon, Dec 4, 2023 - 9:00 AM to 11:00 AM TEFAP Englewood Elks Lodge 401 N Indiana Ave, Englewood	2	
Wed, Dec 13, 2023 - 4:30 PM to 7:00 PM TEFAP Lamarque Elem. 3415 Lamarque Ave, North Port, FL	1	
Mon, Dec 18, 2023 - 9:00 AM to 11:00 AM MP Desoto Village 4810 FL-72, Arcadia, FL 34266	2	
Wed, Dec 20, 2023 - 9:30 AM to 11:30 AM MFM Church of Palms 3224 Bee Ridge Road, Sarasota, FL	2	

Click the icon next to a slot to sign up for that slot.



NEXT STEPS

- Sign Memorandum of Understanding Form
- Civil Rights Training
 - [Click Here to Register](#)



ANY QUESTIONS ?



Contact

Erin EverGreen

Client Registration Coordinator

Work 941.379.6333 EXT.143

Direct 561.846.2149

EEverGreen@AllFaithsFoodBank.org

ENDING
HUNGER
ALL FAITHS FOOD BANK