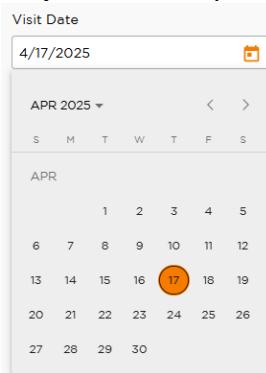


## Service Insights on MealConnect (Neighbor Intake Program) **Quick Guide: Entering a Neighbor into Service Insights for TEFAP**

This is a quick guide on doing neighbor intake on Service Insights for the **neighbors who are receiving TEFAP (also known as The Emergency Food Assistance Program or USDA program)**. The guide will walk through the process for both a new neighbor and a returning neighbor.

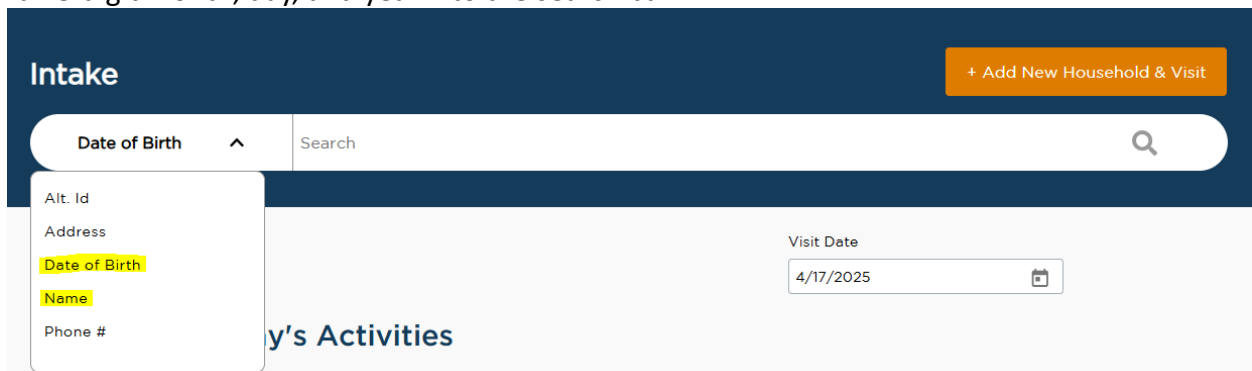
**Step #0:** Log into Service Insights (Neighbor Intake Program)

**Step #1:** Ensure you have the correct date set on the Visit Date field.



**Step #2:** Search for the neighbor record. Regardless of whether the neighbor has visited your agency or not, you should always start by searching for the neighbor.

Select “Date of Birth” as the search type and ask the neighbor for their birthday, and type the full 8-digit month, day, and year into the search bar.



If you're unable to find the neighbor using that method, search by their name. Ensure that the search type on the left of the search bar has been set to “Name.” When searching by name, use the first three letters of the first name and the first three letters of the last name to ensure that you are accounting for any typos that may have been entered in previously. Confirm you have the correct neighbor record by checking the name, address, date of birth, and household member count.

**Step #3:** Add neighbor visit. If the Neighbor is in the system and the search found their information, you can just click on “Add Visit” for their name before moving on to the next steps. Otherwise, click on the “Add New Household & Visit” button at the top. If multiple search results could be the correct one, look at the DOB (Date of Birth) to confirm which result is correct.

Visit	Phone	DOB
N/A		5/6/1990

+ Add New Household & Visit

**Step #4:** Check the box for your program if you have multiple options. It will look different for each agency, but just make sure it’s USDA/TEFAP.

**Step #5:** Add TEFAP Eligibility Information

**Add New Household**

1 Eligibility 2 Signature 3 Household Info 4 Finish Visit

**Basic Information**

\*First Name Middle Name (Initial) \*Last Name

\* This is required \* This is required

Suffix Anonymous

Next, information related to one’s eligibility needs to be added. The first section is Basic Information, which includes first and last names. Note that these fields are required.

**Contact** ^

\*Address  
  No fixed address ?  
\* This is required

Apartment, Floor, etc.

\*City  \*State  \*ZIP   
\* This is required \* This is required \* This is required

\*County   
\* This is required

In the Contact section, add the address of the neighbor or as much as the neighbor is willing to provide. Try to get at least the City, State, Zip, and County. If the neighbor is unhoused or has no permanent address, click the “No fixed address” box in the top right corner and it will auto fill the agency address. Remember that this section will look different based on your state’s TEFAP requirement.

Email Address   Ok to contact ?

\*Phone #   Ok to contact ?  No phone  
\* This is required

What method of communication do you prefer?

Text  Call  Email

Add a phone number and an email address for the neighbor. Although the phone number field is required, if the neighbor has no phone, click the “No phone” checkbox on the right. If the neighbor provides their phone number and says it’s okay to contact them, the system will send them a text message with a QR code and Alt ID that can be used for future intake.

**Household** ^

How many people in your household, not including yourself, will benefit from the services provided today? ?

Household Members

The following section asks for all household members of the neighbor, excluding themselves. Use the plus sign to add as many household member records as the neighbor indicates.

**Household** ^

How many people in your household, not including yourself, will benefit from the services provided today? ?

Household Members

**Members**

---

Status ?

\*First Name                      Middle Name (Initial)                      \*Last Name

\* This is required

If the neighbor feels comfortable disclosing their household member names, enter the First and Last Name of each member of the household after deleting the default name that has been auto filled (i.e. Member 1).

**Proxy** ^

How many people outside of your household would be picking up food for you? ?

Proxies

The following section asks for possible proxies of the neighbor who may pick up food in their stead in the future. Add their name, phone number, and an expiration date set to a year in the future. Do not add household members to this section as they are already in the system. Your state may have paper form and signature requirements, so refer to the state TEFAP guidelines.

**SNAP Benefits** ^

---

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

\* This is required

Yes
  No
  Don't know / Prefer not to answer

The following section asks if anyone in the household is receiving SNAP (Supplemental Nutrition Assistance Program). Choose Yes even if one member of the household receives it. This is a question that you need to ask for TEFAP eligibility.

**Income** ^

---

Is your total household income lower than?: ?

\$3,040 per month or \$36,480 per year

Yes
  No
  Don't Know

**Program Eligibility** ^

---

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

\* This is required

Not Eligible

Please confirm that the Neighbor is:

Eligible
  Not Eligible

If the neighbor answered the SNAP question with a “No” or a “Don’t know/Prefer not to answer,” ask the neighbor if their income is equal to or lower than the value shown in the Income section. This value will be calculated based on the household size, so it is critical to make sure that information was entered correctly.

The program then determines the neighbor’s eligibility. It is important to note that although the system will identify eligibility, it is **your responsibility to confirm if a neighbor is eligible or not eligible based on your state’s TEFAP guidelines**. This should be marked appropriately in the section above.

Cancel

Save and Continue

Once all this information is filled out, click the “Save and Continue” button on the bottom corner.

**Step #6: Get Verbal Signature**

Once the eligibility information has been filled out, TEFAP requires a signature from the neighbor.

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

Name  Phone

Address

City, State  ZIP

Number of people in your household:

Members

Family Size	Annual	Monthly
1	\$26,976	\$2,248

The program will give an overview of the information that was just collected. Have the neighbor look over this to ensure all information is accurate.

I certify that I have willingly shared the information above, meet the monthly income guidelines, and/or am in need of food assistance.

\*Signee  Date

Signature Type  \*Verbal Signature

\* This is required

**USDA Nondiscrimination Statement**  
 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 administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity conducted or funded by the USDA.

Persons with disabilities who require alternative means of communication for program 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete

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

Then, ensure the neighbor’s name is selected in the field labeled “Signee.” Proceed by asking them if they are willing to grant their verbal signature after having them read the full statement located above the “Signee section”. If they consent to give their signature, click the orange “Verbal Signature” button on the right.

Then click the “Save and Continue button on the bottom right of the page to continue.

**Step #7: Fill out Additional Household Information**

< Back **Add New Household**

Eligibility
  Signature
  3 Household Info
  4 Finish Visit

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

Basic Information

The following page asks for additional household information. As indicated on the top of the page, inform the neighbor that these questions are optional and will not impact TEFAP eligibility or service. This information, however, will be helpful for improving our programs, advocacy, and funding efforts.

**Basic Information** ^

\*First Name  Middle Name (Initial)  \*Last Name

Suffix  
  Anonymous

Date of Birth  OR Age

Ask if the neighbor is willing to provide their date of birth; if they are unwilling, ask for their age. If you input their age, the system will automatically set their date of birth to January 1<sup>st</sup> of the appropriate year to match the age. This information will make their future visits quicker.

**Gender Identity** ^

\*What gender do you identify as?   
\* This is required

Male                       Female                       Transgender  
 Non-binary                       Gender non-conforming                       None of these  
 Don't Know / Prefer not to answer

This section asks for gender identity. This field is required, but if the neighbor does not know or does not feel comfortable disclosing this information, you can mark “Don’t Know/Prefer not to answer.” **Under no circumstance should someone assume a neighbor’s gender identity.** If you do not feel comfortable asking, click the “Don’t Know” bubble at the bottom.

**Race / Ethnicity** ^

\*What race or ethnicity do you identify as?   
\* This is required

White                       Hispanic, Latino, or Spanish                       Black or African American  
 Asian                       American Indian or Alaska Native                       Middle Eastern or North African  
 Native Hawaiian or Other Pacific Islander                       Some other race or ethnicity                       Don't Know / Prefer not to answer

The second section asks for race/ethnicity. This field is required, but if the neighbor does not know or does not feel comfortable disclosing this information, you can mark “Don’t

Know/Prefer not to answer.” **Under no circumstances should someone assume a neighbor’s race and/or ethnicity.** If you do not feel comfortable asking, click the “Don’t Know” box.

**Members** (This is not a requirement for TEFAP)

---

\*Status ?  
Active

\*First Name: Member 1      Middle Name (Initial):      \*Last Name: Test

Suffix: Select      \*Date of Birth: 1/1/1975 OR \*Age: 50  
\* DOB has been estimated

[Additional Info](#) ▼

---

\*Status ?  
Active

\*First Name: Member 2      Middle Name (Initial):      \*Last Name: Test

Suffix: Select      \*Date of Birth: 1/1/2015 OR \*Age: 10  
\* DOB has been estimated

[Additional Info](#) ▼

Add Member

Add each household member’s date of birth or age, and also click on additional info to add any demographic information for each member that the neighbor is willing to share.

**Household Monthly Income** ▾

---

**Additional** ▲

Additional Notes ?

Mark this note as private (Show only to my organization)

For the Additional Notes section, feel free to add any information that you want to keep in their records that will be helpful. This will be viewable by others in your agency who have access to Service Insights on MealConnect (Neighbor Intake Program).

To conclude this page, click the orange “Save and Continue” button at the bottom of the screen.

### Step #8: Finishing Intake

**Add New Household**

◀ Back
 ✓ Eligibility
 ✓ Signature
 ✓ Household Info
4 ✓ Finish Visit

**Primary Service Provided** ▲

Food Pantry

Pounds  Pieces  Dollars  Meals

Description

---

This is the final page of the visit. There is a section to note how much and what the neighbor has received. Unless this section is meaningful to your agency, there is no need to fill it out.

When you’re ready, click the Finish button at the bottom of the screen.