

**MID-WEST NEW MEXICO COMMUNITY ACTION PROGRAM
COMMUNITY SERVICE BLOCK GRANT (CSBG)
CLIENT INTAKE FORM**

CSBG _____		LIHEAP _____		Restricted _____		EFSP _____		HEAT NM _____		GNF _____		Referral _____		OTHER SPECIFY: _____			
						HAVE YOU APPLIED FOR LIHEAP ASSISTANCE?:		YES <input type="checkbox"/>		NO <input type="checkbox"/>		EDUCATION DEFINITIONS GRADES 0-8 GRADES 9-12 OBTAINED GED OR HIGH SCHOOL DIPLOMA 12 + POST SECONDARY EDUCATION COLLEGE GRADUATE					
DATE _____						PRINTED NAME _____											
WHO IS HEAD OF HOUSEHOLD? _____						SSN: _____											
PHYSICAL ADDRESS: _____						MAILING ADDRESS: _____											
TELEPHONE: _____						DO YOU RECEIVE FOOD STAMPS? YES <input type="checkbox"/> NO <input type="checkbox"/>		DO YOU RECEIVE WIC? YES <input type="checkbox"/> NO <input type="checkbox"/>		TOWN _____		ZIP _____		IS THERE ANY ONE WHO IS A FARMER, MIGRANT FARM WORKER, OR A SEASONAL FARM WORKER? _____			
HOUSING: OWN _____ RENT _____ HOMELESS _____ OTHER _____												IN YOUR HOUSEHOLD, IS THERE ANY ONE WHO IS SEEKING EMPLOYMENT? _____					
FAMILY TYPE: _____		SINGLE MALE PARENT _____		SINGLE FEMALE PARENT _____		TWO-PARENT HOUSEHOLD _____		TWO-ADULTS NO CHILDREN _____		SINGLE PERSON _____		NON-RELATED ADULTS W/CHILDREN _____		MULTI-GENERATIONAL HOUSEHOLD _____		UNKNOWN OR NOT REPORTED _____	
SOCIAL SECURITY #	NAME: FIRST, LAST, MIDDLE	F/M	GROSS INCOME PER MONTH:	Income sources on page 2. SOURCE OF INCOME (BE SPECIFIC):	DOB:	PLEASE ANSWER YES OR NO FOR THESE QUESTIONS (PLEASE SPECIFY MILITARY STATUS & INSURANCE TYPE)				RACE?	EDUCATION ACHIEVED:						
						MILITARY STATUS: (VET OR ACTIVE)	HEALTH INSURANCE? (SPECIFY TYPE)	HISPANIC OR LATINO?	DISABLED?								
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			TOTAL MONTHLY INCOME		\$	RENT OR MORTGAGE AMOUNT		\$	OFFICE USE ONLY-- INTAKE BY:								
CERTIFICATION:																	
Applicant Signature _____				Email Address _____				Date _____									
This is to certify that the above information is true and correct to the best of my knowledge. I understand that if I knowingly falsify any information on this intake form I will not be allowed to participant in this program and may be subject to prosecution under the law.																	



Mid-West New Mexico Community Action Program

549 Don Pasqual Rd. Los Lunas, NM 87031
Phone (505) 866-0466 Fax (505) 865-1506

NOTICE TO ALL CLIENTS **RIGHT TO APPEAL PROCEDURES**

The primary mission of the Mid-West New Mexico Community Action Program is to provide human services and activities, which have a major impact on causes of poverty in the community in those areas where poverty is an acute problem, and to assist low-income participants including the elderly, disabled, families and children in becoming self-sufficient.

It is important that all staff members and volunteers of our agency be courteous, helpful and prompt; and that they exhibit a consistent, professional and friendly attitude when dealing with our clients, visitors and other staff. All staff and/or volunteers of this agency will exercise the utmost discretion when dealing with clients and their situations.

We will make a sincere effort to assist eligible clients in addressing their emergency needs based on the resources available. All clients will be granted the same opportunity to apply for assistance subject to grant eligibility guidelines without regard to gender, race, ethnicity, origin, religion or disability.

If any client feels that, he or she has not received fair treatment under the guidelines when applying for assistance he or she may initiate the following appeals process:

Client must submit a statement in, writing, to the CSBG Area Manager or CSBG Area Coordinator, (as applicable), describing nature of the grievance or problem.

- The CSBG Area Manager/Coordinator will review the application or the problem and respond in writing, within three (3) working days of the receipt of the clients' complaint.
- If the problem cannot be resolved at the CSBG Area Manager/Coordinator level, the client may pursue the matter by appealing the decision to the CSBG Administrator. The appeal to the CSBG Administrator must be in writing, stating the problem and addressing why they are not satisfied with the CSBG Area Manager's/Coordinator's response.

- Address complaints to:

C.S.B.G. Administrator
Midwest New Mexico CAP
549 Don Pasqual Rd N.W.
Los Lunas, NM 87031

- The CSBG Administrator, or designee, will review all details of the complaint and respond to the Client within seven (7) working days. The decision of the CSBG Administrator is the Agency' final decision.

Client acknowledges receipt of copy Date _____
Manager or Authorized Representative Date

State of New Mexico
The Emergency Food Assistance Program (TEFAP)



NAME: _____ NUMBER OF ADULTS IN HOUSEHOLD: _____
 ADDRESS: _____ NUMBER OF CHILDREN IN HOUSEHOLD: _____
 CITY/STATE/ZIP: _____ COUNTY: _____ PHONE: _____

SECTION 1:

Automatic Eligibility for TEFAP: If your household receives one of the following, please check the box below: **SNAP (Food Stamps)/FDPIR/WIC/CSFP (Senior Food Box Program)/CACFP/FREE or REDUCED NSLP (School Lunch Program)**

Check box if you receive one of the above programs

IF YOU CHECKED THE BOX ABOVE IN SECTION 1, YOU WOULD SKIP SECTION 2 AND GO TO SECTION 3 AT THE BOTTOM OF THE PAGE. IF YOU DID NOT CHECK THE BOX ABOVE, PLEASE FILL OUT SECTION 2 AND 3.

SECTION 2:

On the table below, please circle the number of people in your household **AND** circle the income limit that matches the size of household.

GROSS INCOME LIMITS – NEW MEXICO TEFAP/USDA FOODS PROGRAM (July 1, 2023 – June 30, 2024)

Household Size	Annual Income	Monthly Income	Twice per Month Income	Every 2 Weeks Income	Weekly income
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,883	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For Each Additional Family Member, Add	9,509	793	397	366	183

Is your income the same or lower than the number you circled? YES NO

SECTION 3:

Please Sign and Date the Application Below

I certify that the total gross income for my household is at or less than the income I have circled or that my household is automatically eligible based on the programs I checked above.

Signature

Date