



# HOUSEHOLD ASSESSMENT 2025

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date \_\_\_\_\_

If you wrote Shelburne Falls, what city do you physically live in? Shelburne\_\_ or Buckland\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of people in household:  \_\_\_\_\_

Full Name					
Relationship to HOH	Head of Household				
Date of Birth					
Gender					
Primary Language					
Military Status	Vet Active N/A	Vet Active N/A	Vet Active N/A	Vet Active N/A	Vet Active N/A
Disabled	Yes No	Yes No	Yes No	Yes No	Yes No
Latino or Hispanic	Yes No	Yes No	Yes No	Yes No	Yes No
Race A. White B. Black/African American C. American Indian/Alaskan Native D. Asian E. Native Hawaiian/Other Pacific Islander F. Multi-racial/Biracial G. Other	Choose an option from the list on the left and enter the letter in the box				
Education A. 0-8 <sup>th</sup> grade B. Some High School C. GED/HISET D. High School Diploma E. 12+ Some Post-Secondary F. 2- or 4-year college G. Graduate or post-secondary H. Other	Choose an option from the list on the left and enter the letter in the box				
Employment A. Full time B. Part time C. Retired D. Unemployed (3 months) E. Unemployed (6+ months) F. Not in the labor force G. Migrant seasonal farm worker	Choose an option from the list on the left and enter the letter in the box				
Health A. MassHealth (Medicaid) B. Medicare C. Health Connector D. Employer provided E. Military health care F. Private health insurance	Choose an option from the list on the left and enter the letter in the box				

### Current Monthly Income for Your Household

► Please list gross MONTHLY amounts for every member of your financial household listed above

Full Name					
No Income	No income <input type="checkbox"/>	No income <input type="checkbox"/>	No income <input type="checkbox"/>	No income <input type="checkbox"/>	No income <input type="checkbox"/>
Self-employment income	\$	\$	\$	\$	\$
Wages	\$	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$	\$
SSI	\$	\$	\$	\$	\$
SSDI	\$	\$	\$	\$	\$
Social Security Retirement	\$	\$	\$	\$	\$
TAFDC/EAEDC	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$	\$
Other Please describe	\$	\$	\$	\$	\$
Total Monthly:	\$	\$	\$	\$	\$

### Other Information About Your Household

#### Benefits (check all that apply)

- Childcare voucher
- Fuel Assistance/LIHEAP
- SNAP
- WIC
- Affordable care act subsidy
- Military education support benefit

#### Housing Type

- Rent or own without subsidy
- Subsidized (housing authority, Section 8)
- Doubled up housing (couch surfing)
- No housing
- Shelter
- Other permanent housing

#### Family Type

- Single person
- Multigenerational household
- non-related adults with children
- Single parent
- Two parent
- Two or more adults

### Signature

I certify that the information provided is true and accurate to the best of my knowledge.

Signed

Date

Parent or guardian if under 18

# THIS PAGE IS FOR STAFF ONLY

Staff: Circle HH size and Income level in below table. For income, circle the 2 levels the income falls between:

Household Size	1	2	3	4	5	6	7	8
200% of federal poverty level (CSBG)	\$ 2,510	\$ 3,407	\$ 4,304	\$ 5,200	\$ 6,097	\$ 6,994	\$ 7,890	\$ 8,787
<b>Monthly:</b>								
*Effective 3/1/2024	Annual: \$30,120	\$40,884	\$51,648	\$62,400	\$73,164	\$83,928	\$94,680	\$105,444
250% of federal poverty level (USDA)	Monthly: \$3,138	\$4,258	\$5,379	\$6,500	\$7,621	\$8,742	\$9,863	\$10,983
*Effective 3/1/2024	Annual: \$37,650	\$51,100	\$64,550	\$78,000	\$91,450	\$104,900	\$118,350	\$131,800
30% of median income (extremely low)	Monthly: \$1,916.7	\$2,192	\$2,467	\$2,738	\$2,958	\$3,175	\$3,396	\$3,617
*Effective 5/1/24	Annual: \$23,000	\$26,300	\$29,600	\$32,850	\$35,500	\$38,100	\$40,750	\$43,400
50% of median income (very low)	Monthly: \$3,196	\$3,400	\$4,108	\$4,563	\$4,929	\$5,296	\$5,658	\$6,108
*Effective 5/1/24	Annual: \$38,350	\$40,800	\$49,300	\$54,750	\$59,150	\$63,550	\$67,900	\$73,300
80% of median income (low)	Monthly: \$2,113	\$5,842	\$6,571	\$7,300	\$7,883	\$8,471	\$9,054	\$9,638
*Effective 5/1/24	Annual: \$61,350	\$70,100	\$78,850	\$87,600	\$94,600	\$101,650	\$108,650	\$115,650

Enrollment Application Complete: Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Enrollment Application Incomplete: Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: ☺☺





## USDA/TEFAP DECLARATION OF ELIGIBILITY

Declaration of financial need is sufficient to receive USDA/TEFAP foods on a guest's first visit. Subsequent visits require declaration of eligibility according to the guidelines below. Guests must be allowed to self-declare eligibility. Verification of residence, income, or receipt of benefits is not required. **Photo ID and Social Security numbers are not required**, and requesting this information is prohibited by USDA and the Commonwealth of Massachusetts. Declaration of Eligibility must be kept on file for each guest for the current fiscal year plus three previous years. Programs must track each time guests receive USDA, but the guest is not required to sign or recertify eligibility after initial declaration. Participants are required to recertify eligibility annually.

Name: \_\_\_\_\_

Town of Residence: \_\_\_\_\_

Number of people in household: \_\_\_\_\_

Do you receive any of the following types of assistance? Please check all that apply:

WIC: \_\_\_\_\_ TANF: \_\_\_\_\_ SSI: \_\_\_\_\_ Fuel Assistance: \_\_\_\_\_ SNAP: \_\_\_\_\_ Veteran's Aid: \_\_\_\_\_

Head Start: \_\_\_\_\_ AFDC: \_\_\_\_\_ Medicaid (MassHealth): \_\_\_\_\_ Free/Reduced-Price School Lunch \_\_\_\_\_ EAEDC: \_\_\_\_\_

If you do NOT receive any of the types of assistance listed above, does your household income meet the following income guidelines\*? Please circle: YES NO

# of Household Members	Annual	Monthly	Weekly
1	37,650	3,138	724
2	51,100	4,258	983
3	64,550	5,379	1,241
4	78,000	6,500	1,500
5	91,450	7,621	1,759
6	104,900	8,742	2,017
7	118,350	9,863	2,276
8	131,800	10,983	2,535
For each additional household member, add:	+13,450	+1,121	+259

TEFAP Income Guidelines 2024-2025

If guest does NOT receive any of the above benefits OR meet income guidelines, the guest may declare financial need to receive USDA/TEFAP foods on their first visit ONLY. Eligibility according to above requirements must be certified at subsequent visits. Check HERE to declare financial need:

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This institution is an equal opportunity provider and employer.



## **Permission to Release Information Community Action Pioneer Valley**

Community Action Pioneer Valley (CAPV) wants to offer the best possible programs and services to our community. To help us understand how our programs and services help you, we ask you to provide us with information about you and your family. Information about you and your family is personal and private and it cannot be shared without your written approval.

Your personal information can only be shared in the ways described in this form or as required or allowed by law. Please read it carefully before signing it.

Signing this form gives CAPV staff permission to share your personal information and the personal information for all members of your household that you provide information for, including children, partners, and extended family within CAPV programs and to report your personal information to funders, auditors, or evaluators as may be required. If there is a need for staff to share information about you and your family to other community organizations or service providers, you will sign a separate permission form at that time.

“Personal information” means any information that, because of a name, identifying number, mark or description can be linked with you or a member of your family.

Examples of personal information that may be shared by Community Action Pioneer Valley include:

- Biographic Information (e.g. Name, Date of Birth, Social Security Number)
- Demographic Information (e.g. Race, Ethnicity, Language)
- Program Participation and Eligibility Information
- Information about CAPV’s staff’s work and contact with you and your family (e.g., caseworker notes or meeting minutes)

### **What is the purpose of collecting my personal information and how will it be used?**

Your personal information, as defined above, is collected and used to:

- Determine what CAPV programs you and your family may be eligible for
- Provide better services to you and your family
- Coordinate and manage services *between programs* at CAPV
- Report to funders, auditors, monitors, evaluators, etc.

### **Do I have to sign this form?**

You do not have to sign this form. But, if you do not, you will not be able to receive services from the following programs: Community Resources & Advocacy, the Center for Self-Reliance Food Pantries and Money Matters. We will refer you to another organization for services.

### **If I sign, can I take back my permission later?**



You are free to take back or cancel your permission regarding the use and sharing of your information (and to stop participation in any program) at any time.

After you tell us that we no longer have your permission, no additional information about your family will be shared, except in cases where the law allows CAPV to continue using your information. If you remove your permission, it does not affect any information that has been shared already. If you choose to remove your permission, you must make this request in writing to the CAPV staff with whom you are working.

**Permission to Release Information:**

By signing below, I understand that:

- Community Action Pioneer Valley will maintain the privacy of personal and financial information I provide about myself and my family members receiving services from Community Action Pioneer Valley
- Community Action Pioneer Valley may share information among its programs as necessary to provide services to me
- Community Action Pioneer Valley may share information as required by or upon request of government agencies and other entities that fund, regulate, audit, monitor or investigate Community Action Pioneer Valley, and as authorized or required by law, legal process, or court order
- For any other purpose, Community Action Pioneer Valley will ask me before sharing information and get permission from me

Permission to share my personal information is good for up to 1 year after the date that I sign this form.

I hereby certify that the information presented to Community Action Pioneer Valley staff is true and accurate to the best of my knowledge. Misleading or incomplete information may result in denial or termination of services.

**Client Name** (Please Print): \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

(parent or guardian if under 18)

If under 18, Parent or Guardian Name: \_\_\_\_\_

**Date:** \_\_\_\_\_

For more information about Data Privacy and Confidentiality in CAPV's CMS (CHPM) Database System, visit this link: **Data Privacy and Confidentiality in CMS** (**communityaction.us**) or scan this QR code:

