

Checking in Clients by Name

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Search for a Family...  Type abbreviated name here
 Ex. Search for George Washington by typing "was,geo" [View Help](#)

Name Address DOB Phone Alt ID

- One way to find a client is to search by their name.
- 1) Make sure "Name" is selected (it will turn orange).
 - 2) Place your cursor in the search box (by clicking) and make sure it is flashing.
 - 3) Type at least the first three letters of their LAST name, then a comma, then their first initial.

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food,f  Found 7 matches - Hover over the info icon to see more information, Clicking the link will add the visit immediately. [RESET](#) Expand 

Name Address DOB Phone Alt ID

Search these results:

Name	Info	Address	City, State	Zip	Last Served	Phone	Merge?
6 Families that You Have Served							
Food, Food		? Liberty St	BATH, NY	14810		none	<input type="checkbox"/>
Food, Football		123 Foodie Rd Apt 4	ELMIRA, NY	14901		none	<input type="checkbox"/>
Food, Franny, SR							
Food, Fred							

- A list of clients in the system matching those criteria will appear.
- 4) Click on the name of the client you want. *Note: if you want to make sure it's the right person before opening their record (which will create a reservation), you can hover over the "i".*

Food, Food

LAST: Food FIRST: Food MIDDLE: Middle Nam SUFFIX:
 Homeless

Home Address
 STREET ADDRESS: ? Liberty St
 APT#, LOT#, ETC OR LEAVE BLANK:
 CITY: BATH STATE: NY
 ZIP CODE: 14810
 COUNTY: STEUBEN County

Address Verified (optional): NO YES

MAIN PHONE: none 2ND PHONE: NO PHONE NUMBER

Family Size	2	Children	0	Adults	1	Seniors	1
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Family Notes

Proxy

You will be brought to a page that looks like this.

5) Ask if they've had any address, phone number, or household changes. Also check for any missing information. Update as needed/able.

Service Provided		Date & Time		Optional Reporting
Primary Service -	Pantry - Choice - 3 day	06/25/2021	at 06:00 AM	(Show)

First Name	Middle	Last Name	Suffix	Date of Birth mm/dd/yyyy	Age	Age Group	Gender	Identification	Status
Food		Food			40	35 - 59	<input type="radio"/> F <input checked="" type="radio"/> M	<input checked="" type="radio"/> Needed <input type="radio"/> Verified	
Stephen		Food		01/01/1950	71	65 - 84	<input type="radio"/> F <input checked="" type="radio"/> M	<input checked="" type="radio"/> Needed <input type="radio"/> Verified	<input checked="" type="radio"/> Active <input type="radio"/> Inactive

Add Family Member

6) Look to see if the e-signature tab at the top of the page is red. If so, you need to have them fill out the TEFAP attestation (required on a yearly basis), so click on that tab and continue with the instructions on the next page.

If the tab is blue, scroll down and mark "not required," then "served," then close the window. You're done with that client!

If attestation is not needed...

HOW DID THEY SIGN?

Signed Paper Form Signed Electronic Form **Not Required** Required, NOT Signed Face Sheet

1

SERVICE VISIT STATUS:

Reserved **Served** No Show Cancelled by Client Cancelled internal Duplicate void

2

ATTESTATION (if they need to sign)

Privacy Policy

1. Reading this Summary document is not a substitute for reading the PantryTrak P...
2. Your privacy is important to Mid-Ohio Foodbank and the foodbanks, food pantries, and other service providers that use the PantryTrak System to help process and record your requests for food, assistance, or other client services.
- 3.
- 4.
- 5.
- 6.
7. **Personal Data may be used by service providers to make referrals to other service providers, inform clients about services they may be eligible to receive, and connect clients to resources and information that may be beneficial to them.**
8. **Personal Data may be used by service providers to make referrals to other service providers, inform clients about services they may be eligible to receive, and connect clients to resources and information that may be beneficial to them.**
9. Personal Data will not be sold for direct marketing purposes.
10. The Privacy Policy may change at any time; the most current version can be found at:
www.pantrytrak.com/privacy Click here to view it now

[\(Show All Items\)](#)

7) Let the client know about the privacy policy (there should be a laminated summary at the intake area to which you can refer them). Then scroll down past this.

NAME		
Food, Food		
ADDRESS	CITY	ZIP
? Liberty St	BATH	14810

8) Below, you'll see the beginning of the TEFAP Eligibility Form. Based on the FreshTrak record, it fills in the name, phone number, and address of the head of household, and calculates the household size. If you need to make any changes, go back to the "Main" tab to the left of the "E-signature" tab, and change it in their record.

Please indicate the number of each below, i.e. if two children are in your household enter "2" in the box below Children.

Children (Ages 0-17)	Adults (Ages 18-64)	Seniors (Ages 65+)	Total Household Members
0	1	1	2

OPTION 1:

The table below shows a yearly gross income for each household 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 USDA Foods through TEFAP.

Option 1 Eligibility Requirements

For a Household of **2** your income must be at or below **\$34,840** to qualify.

9) Select ONE of the following 3 options.

OPTION 2:

You are also categorically eligible to receive TEFAP commodities if your household participates in any of the following programs. If you participate in any one of these programs, please check the box(es) next to it.

Option 2 Eligibility Requirements

- | | |
|--|--|
| <input checked="" type="checkbox"/> SNAP | <input type="checkbox"/> WIC |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Free/Reduced School Meals |

OPTION 3:

By selecting this option you are declaring that it is an Emergency.

10) Select from the drop-down menu if the signee is someone other than the head of household. Anyone listed as proxy, or as a member of the household over the age of 15 with a DOB listed, can sign.

By signing below, I declare that my income from all sources does not exceed the income listed above for households with the same number of people as my household OR that my household participates in the program(s) that I have checked on this form. I understand that these records will be held in confidence at this distribution site but may be released to the New York State Office of General Services or the United State Department of Agriculture for review upon their request.

Signee

Stephen Food - Member of Household
Food Food - Head of Household
Stephen Food - Member of Household

Initials

sf

Date

07/06/2021

I Agree

with a valid date of birth, and above the age of 15.

11) After they verbally agree, you may initial for the client and select "I Agree."

This form was signed on May 19th, 2021 and is valid through May 19th, 2022

Signed by: Food, Dog
 Position of: head of household
 Signed with: df
 Signed on: 2021-05-19 16:02:39
 Household Size: 2
 Form Signed: New York Attestation - Ney York Attestation - English
 Form Revision: Valid from 01/01/2020 through 12/31/2021

12) You will then see the form is signed, and you don't need to worry about it for another year!



13) Close out of the tab for that visit by clicking the small "x" (which may look a little different depending on your browser).



14) This window will appear again. Click "Reload Page," and then you can help your next client!