



Hays County Food Bank  
220 Herndon St.  
San Marcos, TX 78666  
(512) 392-8300  
[www.haysfoodbank.org](http://www.haysfoodbank.org)

## Home Aide Program Application Packet

The Hays County Food Bank's (HCFB) Home Aide Program is designed for individuals whom are **disabled**, considered **homebound**.

- Home Aide Program Clients (HAPC) are considered **homebound** if, leaving the home requires considerable and taxing effort. Absences from the home are acceptable, provided they are infrequent, of short duration or to receive medical treatment ([www.aspe.hhs.gov/](http://www.aspe.hhs.gov/)). That is an individual that is chronically or temporarily disabled.
- To be approved for Home Aide Program status, clients must have an aide who will be able to receive goods and services from HCFB.
  - An Aide, for HCFB's purposes is categorized as either a professional that is on hire by a home healthcare agency or, an individual that cares for potential client, i.e. a relative or friend.
    - An Aide will be a proxy, a person designated by a participant to act for the participant as necessary throughout every process of The Emergency Food Assistance Program (TEFAP). For example, proxies can provide a signature on forms. Proxies may also act for the participant at application, certification, food package distribution, and recertification. **A proxy must provide photo identification prior to picking up food.**
    - A Home Aide Program Client may have a maximum of two identified proxies (Aides). Changes to Aide/Proxies must be submitted in writing by the Home Aide Program Client.
  - If a Home Aide cannot be provided on a consistent basis, proper notification (at least 24 hrs. prior) must be given to HCFB in order to avoid miscommunication and hold in Home Aide Program services.
- In order to qualify for HCFB's Home Aide Program prospective clients must submit a completed Home Aide Application and have their physician submit a Medical Care Provider Acknowledgment form.
- **Distributions for the Home-Aide program will be held on Tuesdays, 11 AM -12 PM at the Hays County Food Bank.** Home Aides will check-in to receive a bag of canned and dry

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foods along with produce and meat as they are available. We are unable to customize bags to meet dietary or medical needs.

Beginning September 1, 2018 Home Aides will legally need to present a photo identification to pick up food for a Home Aide Program Client. Presenting a Hays County Food Bank Barcode will expedite pick up, but is not required.

The reason for this change is as a result of changes made by the USDA in regards to who is authorized to act on behalf of a client.

**Definition of a Proxy** - A proxy is a person designated by a client to act on their behalf (as necessary) throughout every process of The Emergency Food Assistance Program (TEFAP). For example, proxies can provide a signature on forms, as well as act for the participant at application, certification, food package distribution, and recertification. **A proxy must provide photo identification prior to picking up a food package, verifying that they are the proxy designated on the Client Intake Form.**

Hays County Food Bank must maintain each written proxy designation **and their address** on file. **There may be a maximum of two proxies per client.** Proxy photo identification must be reviewed at each application, certification, food package distribution, and recertification. A proxy may only represent two clients per distribution. The Home Aide Program only has one distribution per week.

There are two ways that a client can change a proxy:

1. In a written, signed statement.
2. In person at Hays County Food Bank, where proxy changes are noted and maintained in the client's records.

Additionally, Hays County Food Bank is responsible for calling each client the first time that a proxy picks up on his or her behalf to verify that the client received food.

Questions: Contact Denise Blok, (512) 392-8300 x234 or [dblok@haysfoodbank.org](mailto:dblok@haysfoodbank.org)

# Hays County Food Bank Home Aide Program Application

## Qualifying Questions

In order to qualify for Hays County Food Bank's Home Aide Program, individuals must meet all three criteria (no exceptions):

1. Are you disabled? Y  N  If yes, choose category below.

Chronically (**Disability is so severe that, leaving the home requires considerable and taxing effort. Absences from the home are acceptable, provided they are infrequent, of short duration or to receive medical treatment ([www. aspe.hhs.gov](http://www.aspe.hhs.gov)).**)

Temporarily (**Disabled condition lasting less than a six month period, i.e. bodily injuries that causes one to be immobile). If you are temporarily disabled, a mandatory semi-annual re-verification will be administered.**)

2. Do you have a consistent, designated Aide that can pick up your food items? Y  N

3. Do you have photo identification of any kind? Y  N

## Client Profile Information

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

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

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

Household Total(# of people living in household): \_\_\_\_\_

Number of people age:

0-4 years old: \_\_\_\_ 5 yrs old: \_\_\_\_ 6-17 yrs old: \_\_\_\_ 18-61 yrs old: \_\_\_\_ 62+yrs: \_\_\_\_

Physical Address: \_\_\_\_\_

Suite, Apartment # etc...: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: **Texas** Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Month

Day

Year

	<b>Please circle the best choice.</b>				
<b>Gender</b>	Female		Male		
<b>Highest Level of Education</b>	None	High School/GED	College/Post College		
<b>Nationality/Race</b>	Hispanic/Latino Black or African American	American Indian or Alaska Native Pacific Islander or Native Hawaiian White or Caucasian	Asian Other		
<b>Marital Status</b>	Single	Married	Common Law Divorced	Living Together Widowed	Separated Unknown
<b>Employment Status</b>	Permanent	Temporary	Unemployed	Seasonal	Retired

<b>Please answer the following indicating No or Yes, in regards to individuals in your Household.</b>	<b>No</b>	<b>Yes</b>
Are you in the military or a veteran?		
Are you physically disabled?		
Do you receive Veterans Benefits?		
Do you receive Food Stamps, SNAP/Supplemental Nutrition Assistance Program?		
Do you receive TANF/Temporary Assistance for Needy Families?		
Do you receive Supplemental SS Income or SS Disability Income?		
Do you receive Adult Medicaid?		
Do you receive CHIP/Children's Medicaid?		
Do you receive Elder/Disabled Medicaid?		
Do you receive WIC/Women, Infant and Children Program?		
Do you receive Women's Health Program?		

Do you receive Section 8 Rental Assistance?		
Do you receive Unemployment Insurance?		

<p><b>Primary reason for Food Emergency, please circle/mark only one choice below.</b></p> <ul style="list-style-type: none"> <li>● Housing/Utility Costs</li> <li>● Unemployed</li> <li>● Check/Pay Late</li> <li>● Low Income</li> <li>● Out of Food Stamps</li> <li>● Medical Costs</li> <li>● Childcare Costs</li> <li>● Unexpected emergency</li> <li>● Disaster (Fire, Flood, Hurricane, etc...)</li> </ul>
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Estimated Monthly household income from all sources: \$ \_\_\_\_\_

### **Medical Care Provider Acknowledgement**

Submit Medical Care Provider Acknowledgment to your medical provider for them to complete. The completed Medical Care Provider Acknowledgement form (1 page) must be received by Hays County Food Bank directly from your medical provider for your application to be processed.

# Hays County Food Bank

## Home Aide Program Letter of Agreement

### **Hays County Food Bank (HCFB) will:**

1. provide food as available at no charge to the client,
2. notify the client in writing at least 30 days before changing membership criteria or any pick up procedures,
3. contact the client the first time that a proxy picks up on his/her behalf to verify that the client received food, and
4. reserve the right to discontinue service to any individual in violation of this agreement.

### **Participating client agrees to:**

1. turn in a **completed** Home Aide Program Application Packet (Qualifying Questions, Client Profile Agreement, Letter of Agreement). The Medical Care Provider Acknowledgement form must be submitted directly from your health care professional. ***Incomplete application packets will not be processed.***
2. designate a maximum of 2 individuals as Home Aides that will also serve as your proxy/ies.
3. observe HCFB's assigned pick up day and notify us of any changes at least 24 hrs. in advance.
4. **PROVIDE COOLERS** for the transportation of meats and any other perishable items that require refrigeration. Coolers must be kept clean and be disinfected often. If no cooler is available, HCFB reserves the right to refuse to provide frozen meat if food safety guidelines will be violated.
5. ensure bags are received as prepared by food bank staff. It is against HCFB policy to open bags and to rearrange contents once the bags leave HCFB.

### **Home Aide #1**

Aide's Name \_\_\_\_\_

Aide's Phone Number \_\_\_\_\_

Aide's Email \_\_\_\_\_

Aide's Address \_\_\_\_\_

### **Home Aide #2**

Aide's Name \_\_\_\_\_

Aide's Phone Number \_\_\_\_\_

Aide's Email \_\_\_\_\_

Aide's Address \_\_\_\_\_

As of today, said Home Aide will pick up food from Hays County Food Bank for said Client. We agree to this Letter of Agreement set by Hays County Food Bank. I am to report any changes

with my Client/Home Aide information to Hays County Food Bank in a timely manner in a written, signed statement.

Client's Profile Information will be entered into HCFB's Electronic Record Keeping Database. Aide may sign "for Client" on Re-verification dates.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Date

**Home Aide #1**

**Home Aide #2**

\_\_\_\_\_  
Aide or Provider Signature

\_\_\_\_\_  
Aide or Provider Signature

\_\_\_\_\_  
Aide or Provider Name (Print)

\_\_\_\_\_  
Aide or Provider Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Hays County Food Bank New Client Terms and Conditions

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## ELIGIBILITY

I understand that all information about me is confidential. Eligibility certification to receive USDA commodities is determined by the client's dated verbal statement of household income at or below the 185% of the Federal Poverty Level or participation in one of the following government assistance programs: Supplemental Nutrition Assistance Program (SNAP); Temporary Assistance for Needy Families (TANF); Supplemental Security Income (SSI); National School Lunch Program (NSLP) (free or reduced-price meals); or Medicaid. Clients must provide name, address, number in household, and signature to be eligible. Certification by meeting the guidelines will remain in effect for one year.

## USDA NON-DISCRIMINATION STATEMENT

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDAA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested on the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving services from the Hays County Food Bank. I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Hays County Food Bank, City of San Marcos, City of Kyle, City of Buda, City of Wimberley, Hays County, Hays County Food Bank Partner Agency or property owners for any Hays County Food Bank food distribution locations, their officers, agents, servants, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such service activity, or while in, on or upon the premises where the service activity is being conducted.



2. I am fully aware of the unusual risks involved and hazards connected with receiving services. I hereby elect to voluntarily participate in receiving said services with full knowledge that said services may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
4. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO USE the above-named RELEASEES. I hereby further agree that this WAIVER of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.
5. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

#### ADMINISTRATIVE POLICY & PROCEDURE

- Any client who displays a reoccurring behavior (i.e. foul language) after being reprimanded will be suspended for 1-6 weeks from services.
- Any client who disregards the rules of distribution (i.e. do not cut in the line, follow directions of crew leaders, no food or drink, no smoking, etc...) will be suspended for 1-6 weeks from services.

#### Grounds for immediate dismissal/termination of services

- Any aggressive action towards staff or other clients, for example (arguing, fighting, yelling, etc...)
- A continuous disregard of Hays County Food Bank Distribution policies and procedures will result in IMMEDIATE DISMISSAL of Hays County Food Bank Services.

HAYS COUNTY FOOD BANK RESERVES THE RIGHT TO REFUSE SERVICE TO ANY INDIVIDUAL FOR ANY REASON TO THE DISCRETION OF HAYS COUNTY FOOD BANK STAFF AND REPRESENTATIVES.

I have read and understand the terms and conditions set forth in this document.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

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



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## Medical Care Provider Acknowledgement

**\*This page MUST be completed and returned to Hays County Food Bank by client's medical provider. No exceptions.**

Hays County Food Bank holds weekly public food distributions from Monday to Thursday, each taking approximately 1-2 hours. As Hays County Food Bank has clients with varying disabilities, these distributions are held in facilities accessible to disabled individuals, with proper seating accommodations to meet their needs. Volunteers are also on hand to help disabled individuals carry food to their modes of transport.

**Client Name:** \_\_\_\_\_

This form certifies that (client) \_\_\_\_\_ is categorized as homebound, which means that for said individual leaving the home requires considerable and taxing effort. Absences from the home are acceptable, provided they are infrequent, of short duration, or to receive medical treatment ([www. aspe.hhs.gov/](http://www.aspe.hhs.gov/)). As such, I, Dr. \_\_\_\_\_ recommend that (client) \_\_\_\_\_ not attend distribution due to strenuous activity on the part of said client.

\_\_\_\_\_  
 Doctor's Signature

\_\_\_\_\_  
 Doctor's Name (Print)

\_\_\_\_\_  
 Date

Once completed by medical professional, the medical professional **MUST** fax or email directly to Hays County Food Bank, (512) 392-5286 or [info@haysfoodbank.org](mailto:info@haysfoodbank.org).

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