



**Section 3—Categorical Eligibility—If eligible under this section, enter the information and skip to section 6.**

\_\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP)      \_\_\_\_\_ Temporary Assistance for Needy Families (TANF) \_\_\_\_\_  
Supplemental Security Income (SSI)      \_\_\_\_\_ National School Lunch Program (NSLP)      \_\_\_\_\_ Medicaid

**Section 4—Income Eligibility—If eligible under this section, enter the information and skip to section 6.**

Total Gross Income: \$ \_\_\_\_\_ per year      \_\_\_\_\_ per month      \_\_\_\_\_ per week

**Section 5—Household Crisis Eligibility (to be completed by staff)**

If household is eligible for crisis food need, document reason for crisis here.

Certification is up to six months. Contact TDA for approval of crisis food need for seven to twelve months.

Length of certification: Beginning (month/year): \_\_\_\_\_  
Ending (month/year): \_\_\_\_\_

**Section 6—Eligibility or Ineligibility (to be completed by staff)**

\_\_\_\_\_ Household is eligible. Length of certification:      Beginning (month/year): \_\_\_\_\_      Ending (month/year): \_\_\_\_\_

\_\_\_\_\_ Household is ineligible based on Sections 3 and 4. Complete Section 5 if necessary.

**Section 7—Signature and date of CE or site staff**

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

**\*\*Release of Information\*\***

Oasis Insight is a computerized record keeping and database system employed by the East Texas Food Bank that captures demographic information about people experiencing need for emergency services, including but not limited to assistance with food, utility bills, medications, rent mortgage payments, etc. The ETFB administers Oasis Insight on behalf of its participating agencies of the Oasis Insight Assistance Network.

By my signature below, I certify that all the information listed on this form are true and correct and authorize and release my information for use on the Oasis Insight Assistance Network. I understand that all information gathered about me is personal and private and that I do not have to participate in Oasis Insight. I have had an opportunity to ask questions about Oasis Insight and to review the basic identifying information about the system. This Release of Information will remain in effect for 1 year from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in Oasis Insight.

Household Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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U.S. Department of Agriculture      2) fax: (202) 690-7442; or  
Office of the Assistance Secretary for Civil Rights      3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
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