

The Food Bank for Central & Northeast MO requires the following information about you and all members of your household. Please respond to each part of the application. Missing information could prevent your family from being added to the program and receiving food.



Please ask if you need clarification on any part of this application

| | | |
|----------------------|----------------------|----------------------|
| First Name * | Middle Name | Last Name * |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|----------------------|----------------------|
| Maiden Name * | Nickname |
| <input type="text"/> | <input type="text"/> |

Date of Birth (MM-DD-YYYY) *

| | | | | |
|----------------------|---|----------------------|---|----------------------|
| <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> |
|----------------------|---|----------------------|---|----------------------|

Email

Street Address

| | |
|----------------------|----------------------|
| Address * | Apt # |
| <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|---------|----------------------|
| City * | State * | Zip * |
| <input type="text"/> | MO | <input type="text"/> |

County *

Mailing Address

| | |
|----------------------|----------------------|
| Address * | Apt # |
| <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|---------|----------------------|
| City * | State * | Zip * |
| <input type="text"/> | MO | <input type="text"/> |

Phone Numbers *

| | | |
|-------------|--|----------------------|
| Description | Number | Ext. |
| Main (Cell) | <input type="text"/> - <input type="text"/> - <input type="text"/> | <input type="text"/> |

| | | |
|-------------|--|----------------------|
| Description | Number | Ext. |
| Alternate | <input type="text"/> - <input type="text"/> - <input type="text"/> | <input type="text"/> |

Total Income

| | |
|----------------------|----------|
| Amount | Interval |
| <input type="text"/> | Monthly |

OPTIONAL: Complete this box to allow someone from outside of your household to pick up food on your behalf:

| | | |
|----------------------|----------------------|--|
| Proxy Name | Proxy Phone | Proxy Expiration Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> |

Please mark one answer for each question about yourself.

Gender — Required

- Female
- Male

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Ethnicity — Required

- African-American / Black
- American Indian
- Asian
- Caucasian / White
- Middle Eastern
- Native Hawaiian & Pacific Islander
- Alaskan Native
- Two Or More Races
- Hispanic Or Latino
- Prefer Not To Say

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Education

- Less Than High School
- High School Graduate / GED
- Some College / Associate's Degree
- Bachelor's Degree
- Master's Degree Or Higher

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Employment

- Full Time
- Part Time
- Unemployed
- Seasonal
- Retired
- Disabled

Marital Status

- Divorced
- Married
- Single
- Widowed
- Separated

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Means of Transportation

- Personal Vehicle
- Friend Or Family Vehicle
- Walk / Bike
- Public Transportation

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Housing/Lodging

- Rent
- Mortgage
- Hotel / Temporary
- Group Home
- Student Housing (Dorm)
- Military Housing
- Homeless
- Shelter / Recovery
- Own

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Would Like Help Applying For Food Stamps (SNAP)?

- Yes
- No

Please mark all answers that apply to anyone living in the household.

Government Benefits

- SNAP (Food Stamp)
- Temporary Assistance for Needy Families (TANF)
- MO HealthNet (Medicaid)
- Supplemental Security Income (SSI Or SSDI)
- Supplemental Aid To The Blind (AB)
- Low Income Home Energy Assistance Program (LIHEAP)
- Public Housing Assistance
- Nutrition Program for Women, Infants & Children (WIC)
- Supplemental Payments (SP)
- Children's Health Insurance Program (CHIP)
- School Breakfast & Lunch Program
- None

Other

- At Risk Of Being Homeless
- Disabled (Monthly Benefits)
- Homeless
- Veteran
- None

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Insurance For Any Household Member

- Dental
- Full Health
- Partial Health
- Vision
- Medicare
- None
- Medicaid

Add Household Members / Relationships

First Name *

Middle Name

Last Name *

Date of Birth *

--

Gender *

Ethnicity *

Relationship

First Name *

Middle Name

Last Name *

Date of Birth *

--

Gender *

Ethnicity *

Relationship

First Name *

Middle Name

Last Name *

Date of Birth *

--

Gender *

Ethnicity *

Relationship

First Name *

Middle Name

Last Name *

Date of Birth *

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Gender *

Ethnicity *

Relationship

First Name *

Middle Name

Last Name *

Date of Birth *

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Gender *

Ethnicity *

Relationship

First Name *

Middle Name

Last Name *

Date of Birth *

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Gender *

Ethnicity *

Relationship



Release of Information Form

The Food Bank for Central & Northeast Missouri Assistance Network

I hereby authorize **The Food Bank for Central & Northeast Missouri** (hereafter The Food Bank), its employees, its partner agencies, as Oasis Insight Participating Agencies, to share my and my dependent's basic, identifying and non-confidential service transactions/information with other Oasis Insight Participating Agencies. "*Oasis Insight*", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services. **The Food Bank for Central and Northeast Missouri** (Administrating Agency) administers Oasis Insight on behalf of participating agencies of the Oasis Insight Assistance Network, including this participating agency.

I have had an opportunity to ask questions about Oasis Insight and to review basic identifying information, which is authorized by this release for Oasis Insight Assistance Network Participating Agencies to share. I authorize the use of a copy of this original to serve as an original for the purposes stated above. This Release of Information will remain in effect for 3 years 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 WITNESS WHEREOF, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.

Participant Signature

Date

Agency Representative Signature

Date