

The Food Bank for Central & Northeast Missouri asks for the following information about you and members of your household in order to improve this agency's services, communicate about services available, learn more about food insecurity, and evaluate the effectiveness of our programs. Please respond to each part of the application where possible.



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"/>
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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 (Check all that apply)— 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 \*

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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

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*

### Benefits and Purpose

Oasis Insight is a shared, computerized recordkeeping system that collects information about people who receive community services, including but not limited to food assistance services, this food pantry, through The Food Bank for Central & Northeast Missouri (collectively, “Agency”) utilizes Oasis Insight to store information about individuals receiving these services.

I authorize Agency to collect and share the following information about me:

- My name, address, contact information, and other personal identifying information
- Names, personal identifying information, and relationships of members of my household
- Self-declared participation in government or other social service programs
- Visit history, program participation history, and services provided
- Other information I provide to Agency

### Security of the Information You Provide

We respect your information and want to make sure it remains private. We will take reasonable steps to protect its privacy and confidentiality. Only team members and volunteers who have been trained and have signed certain privacy agreements can access the system and your information. Your personal information is also protected by local, federal, and state laws.

### How We Use the Information You Provide

I authorize Agency to share this information within the Feeding America network and with other partners in order to provide services to me and my household, improve Agency’s services, communicate with me about Agency’s services, connect me with other programs and services, conduct research on food insecurity and hunger, highlight the issue of hunger with key stakeholders, and monitor and evaluate the effectiveness of Agency’s programs. I further authorize Agency to export this information to other recordkeeping platforms at the discretion of Agency. I understand that Agency may not be able to prevent my information from being used, reproduced, or re-disclosed by the persons or entities with whom Agency shares my information.

I further understand that Agency may share information that does not specifically identify me, such as aggregated or anonymized data, without my consent. Information that does not identify me as an individual is not my personal information.

### Your Rights

I understand that if I do not consent, Agency will not deny me services, except where disclosure of my information is required for the provision of such services. I understand that this Authorization will expire three (3) years from the date I cease using Agency’s services, unless I revoke this Authorization. I understand that if I change my mind, I may revoke this Authorization at any time, except to the extent Agency has already used or shared my information, by notifying Agency at 573-474-1020.

I confirm that this Authorization is a free and voluntary act by me and that a copy of this Authorization is as valid as the original.



## **Release of Information Form**

*The Food Bank for Central & Northeast Missouri Assistance Network*

By signing below, I hereby authorize Agency to collect and share the information specified above. Further, I agree to release Agency from any liability arising from the collection and sharing of my information in compliance with this Authorization.

**Print Name:** \_\_\_\_\_

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

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