



**RIVER VALLEY REGIONAL
FOOD BANK**
A PROGRAM OF THE CRAWFORD - SEBASTIAN COMMUNITY DEVELOPMENT COUNCIL

Name:

Address:

County:

Phone Number:

I understand to receive USDA food from either the TEFAP and/or CSFP food programs that I am required to provide Identification and proof of residency.

☐ Yes ☐ No

I understand to receive USDA food from either the TEFAP and/or CSFP food programs that I am required to accurately declare my household income and household size to determine eligibility in these programs:

☐ Yes ☐ No

I understand that to declare and/or provide ANY additional personal information is strictly voluntary and not a requirement to receive USDA foods.

☐ Yes ☐ No

I consent to provide this additional information outside of the Program requirements.

☐ Yes ☐ No

Client Signature/Date

Site Coordinator/Date

EFO Affiliation

HEAD OF HOUSEHOLD INFORMATION

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

PHONE NUMBER: _____ CELL OR HOME (CIRCLE ONE)

PREFERRED METHOD OF CONTACT: CALL ___ TEXT ___ EMAIL ___

EMAIL ADDRESS: _____

GENDER: MALE ___ FEMALE: ___

ETHNICITY: AFRICAN AMERICAN ___ ASIAN ___ CAUCASIAN ___
HISPANIC ___ NATIVE AMERICAN ___ MIDDLE EASTERN ___ OTHER ___

EDUCATION: COLLEGE ___ HIGH SCHOOL GRADUATE ___ HIGH
SCHOOL- INCOMPLETE ___

EMPLOYMENT: FULLTIME ___ PARTTIME ___ UNEMPLOYED ___

MARITAL STATUS: MARRIED ___ DIVORCED ___ SINGLE ___

GOVERNMENT BENEFITS RECEIVED: FOOD STAMPS ___ MEDICAID ___
MEDICARE ___ SOCIAL SECURITY ___ VETERANS BENEFITS ___ WIC ___

OTHER: CHECK ALL THAT APPLY

AT RISK OF BEING HOMELESS ___ DISABLED ___ HOMELESS ___

HOUSEHOLD INCOME: TYPE OF INCOME _____ MONTHLY
AMOUNT _____

EXPENSES: RENT/MORTGAGE _____ UTILITIES _____ PHONE: _____

HOUSEHOLD MEMBER INFORMATION

MEMBER 1:

FIRST NAME: _____ **LAST NAME:** _____

DATE OF BIRTH: _____

GENDER: MALE ____ FEMALE ____

ETHNICITY: AFRICAN AMERICAN ____ ASIAN ____ CAUCASION ____

MIDDLE EASTERN ____ NATIVE AMERICAN ____ OTHER ____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____

MEMBER 2:

FIRST NAME: _____ **LAST NAME:** _____

DATE OF BIRTH: _____

GENDER: MALE ____ FEMALE ____

ETHNICITY: AFRICAN AMERICAN ____ ASIAN ____ CAUCASION ____

MIDDLE EASTERN ____ NATIVE AMERICAN ____ OTHER ____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____

MEMBER 3:

FIRST NAME: _____ **LAST NAME:** _____

DATE OF BIRTH: _____

GENDER: MALE ____ FEMALE ____

ETHNICITY: AFRICAN AMERICAN ____ ASIAN ____ CAUCASION ____

MIDDLE EASTERN ____ NATIVE AMERICAN ____ OTHER ____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____

MEMBER 4:

FIRST NAME: _____ **LAST NAME:** _____

DATE OF BIRTH: _____

GENDER: MALE _____ FEMALE _____

ETHNICITY: AFRICAN AMERICAN _____ ASIAN _____ CAUCASION _____

MIDDLE EASTERN _____ NATIVE AMERICAN _____ OTHER _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____

MEMBER 5:

FIRST NAME: _____ **LAST NAME:** _____

DATE OF BIRTH: _____

GENDER: MALE _____ FEMALE _____

ETHNICITY: AFRICAN AMERICAN _____ ASIAN _____ CAUCASION _____

MIDDLE EASTERN _____ NATIVE AMERICAN _____ OTHER _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____

PROXY FORM

AUTHORIZED TO PICK UP/PROXY 1:

TODAYS DATE: _____

NAME: _____

PROXY 2:

TODAYS DATE: _____

NAME: _____

PROXY 3:

TODAYS DATE: _____

NAME: _____