



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

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

DATE OF BIRTH: _____

ADDRESS: _____ **CITY:** _____

STATE: ____ **ZIP CODE:** _____ **COUNTY:** _____

PHONE NUMBER: _____ **CELL** ____ **OR** ____ **HOME**

PREFERRED METHOD OF CONTACT: Call ____ Text ____ Email ____

EMAIL ADDRESS: _____

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 _____
.....

Additional HEAD OF HOUSEHOLD INFORMATION

INCOME:

WHAT TYPE OF INCOME _____ MONTHLY HOUSEHOLD AMOUNT \$ _____

EXPENSES:

RENT ___ *or* MORTGAGE ___ Amt \$ _____ UTILITES \$ _____ PHONE:\$ _____

GENDER:

MALE: _____ FEMALE: _____

ETHNICITY:

AFRICAN AMERICAN ___ ASIAN ___ CAUCASION ___ MIDDLE EASTERN ___
NATIVE AMERICAN ___ HISPANIC ___ OTHER ___

EDUCATION:

COLLEGE ___ HIGH SCHOOL GRADUATE/GED ___ HIGH SCHOOL- INCOMPLETE ___

EMPLOYMENT:

FULLTIME ___ PARTTIME ___ UNEMPLOYED ___ Retired ___

MARITAL STATUS:

MARRIED ___ DIVORCED ___ SINGLE ___ Widowed ___

GOVERNMENT BENEFITS RECEIVED:

FOOD STAMPS ___ MEDICAID ___ MEDICARE ___ SOCIAL SECURTIY ___
VETERANS BENEFITS ___ WIC ___

OTHER: CHECK ALL THAT APPLY

AT RISK OF BEING HOMELESS ___ DISABLED ___ HOMELESS ___

OTHER HOUSEHOLD MEMBER INFORMATION

MEMBER 1:

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ GENDER: MALE _____ FEMALE _____

ETHNICITY:

AFRICAN AMERICAN _____ ASIAN _____ CAUCASION _____ MIDDLE EASTERN _____

NATIVE AMERICAN _____ HISPANIC _____ 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 _____ HISPANIC _____ 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 _____ HISPANIC _____ 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 ____ HISPANIC ____

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 ____ HISPANIC ____

OTHER ____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____

MEMBER 6:

FIRST NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____

GENDER: MALE ____ FEMALE ____

ETHNICITY:

AFRICAN AMERICAN ____ ASIAN ____

CAUCASION ____ MIDDLE EASTERN ____

NATIVE AMERICAN ____ HISPANIC ____

OTHER ____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____

PROXY FORM

If you are unable to pick up your food, you can choose someone as a proxy to pick up your food for you. This person would be someone that you are comfortable with them picking up your food and does not live in your home.

AUTHORIZED TO PICK UP/PROXY 1: TODAYS DATE: _____

PROXY 1:

NAME: _____

TODAYS DATE: _____

PROXY 2:

NAME: _____

TODAYS DATE: _____

PROXY 3:

NAME: _____

TODAYS DATE: _____