



Good Morning,

All Feeding America Foodbanks are currently transitioning to a paperless program for our commodity distributions. This program will help us to streamline the distribution process and make it easier for our clients to receive commodities. In order to get this new program under way you will need to complete the paperwork in this packet and returned by January 14th, 2022. Once you have completed the forms you will be certified to receive commodities at RVRFB. You may only receive commodities once a month at one location.

NOTE: If coming after hours to turn paperwork in there is a mail slot on the east side of the building to put paperwork in.

In this packet you will find a disclosure of information consent, head of household information form, household member information form, and the proxy form. All forms must be filled out entirely and signed where needed.

If you have any questions please feel free to reach out and I will be happy to help you. Thank you for your patience during this transition.

Sincerely,

DeLandy Russell

Agency Relations and Volunteer Coordinator

Direct: 479-480-4708

Email: drussell@rvrfoodbank.org



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)

EMAIL ADDRESS: _____

GENDER: MALE _____ FEMALE: _____

ETHNICITY: AFRICAN AMERICAN _____ ASIAN _____ CAUCASION _____

MIDDLE EASTERN _____ NATIVE AMERICAN _____ OTHER _____

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

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 _____

INCOME: WHAT 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: _____