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 discloser 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
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: _______

3
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: ____________________________