



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

We are an equal opportunity provider, employer, and lender

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 : HISPANIC :
OTHER

EDUCATION: COLLEGE : HIGH SCHOOL GRADUATE :
HIGH SCHOOL – INCOMPLETE

EMPLOYMENT: FULLTIME : PARTTIME : UNEMPLOYED :
RETIRED

MARITAL STATUS: MARRIED : SINGLE : DIVORCED
:WIDOWED

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 HOUSEHOLD AMOUNT \$ _____

EXPENSE AMOUNT: RENT/ \$ _____ : UTILITIES \$ _____ : PHONE \$ _____
MORTGAGE

HOUSEHOLD MEMBER INFORMATION

MEMBER 1:

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ Relationship: _____

GENDER: MALE : FEMALE

ETHNICITY: AFRICAN AMERICAN : ASIAN : CAUCASION
: MIDDLE EASTERN : NATIVE AMERICAN : HISPANIC :
OTHER

MEMBER 2:

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ Relationship: _____

GENDER: MALE : FEMALE

ETHNICITY: AFRICAN AMERICAN : ASIAN : CAUCASION
: MIDDLE EASTERN : NATIVE AMERICAN : HISPANIC :
OTHER

MEMBER 3:

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ Relationship: _____

GENDER: MALE : FEMALE

ETHNICITY: AFRICAN AMERICAN : ASIAN : CAUCASION
: MIDDLE EASTERN : NATIVE AMERICAN : HISPANIC :
OTHER

MEMBER 4:

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

DATE OF BIRTH: _____ **Relationship:** _____

GENDER: MALE : FEMALE

ETHNICITY: AFRICAN AMERICAN : ASIAN : CAUCASION
: MIDDLE EASTERN : NATIVE AMERICAN : HISPANIC :
OTHER

MEMBER 5:

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

DATE OF BIRTH: _____ **Relationship:** _____

GENDER: MALE : FEMALE

ETHNICITY: AFRICAN AMERICAN : ASIAN : CAUCASION
: MIDDLE EASTERN : NATIVE AMERICAN : HISPANIC :
OTHER

PROXY FORM

AUTHORIZED TO PICK UP

PROXY 1:

TODAYS DATE: _____

NAME: _____

PROXY 2:

TODAYS DATE: _____

NAME: _____

PROXY 3:

TODAYS DATE: _____

NAME: _____