



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

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: _____