



CSFP Senior Box Intake Form

Household Representative: _____
First Middle Last Maiden

**Gender: M F Date of Birth: _____

Ethnicity: Hispanic Not Hispanic

Race: African American/Black; Native Hawaiian or Other Pacific Islander; Native American; Asian; White; Other

Address: _____ Phone: _____
Street

City State Zip County

****Please list all persons living in your household, complete with their name, date of birth, gender, race and relationship to you.**

(Race: **AA** – African American/Black, **NH** – Native Hawaiian/Other Pacific Islander, **NA** – Native American, **A** – Asian, **W** – White, **H** –Hispanic, **O** – Other)

(Relationship: **S** – Spouse, **C** – Child, **P** – Parent, **GC** – Grandchild, **GP** – Grandparent, **N** – Niece/Nephew, **OR** – Other Relative, **NR** – Not Related)

Name	Date of Birth	Gender	Race	Relationship to Household Representative
		M F	AA NH NA A W H O	S C P GC GP N OR NR
		M F	AA NH NA A W H O	S C P GC GP N OR NR
		M F	AA NH NA A W H O	S C P GC GP N OR NR
		M F	AA NH NA A W H O	S C P GC GP N OR NR
		M F	AA NH NA A W H O	S C P GC GP N OR NR
		M F	AA NH NA A W H O	S C P GC GP N OR NR
		M F	AA NH NA A W H O	S C P GC GP N OR NR
		M F	AA NH NA A W H O	S C P GC GP N OR NR
		M F	AA NH NA A W H O	S C P GC GP N OR NR
		M F	AA NH NA A W H O	S C P GC GP N OR NR
		M F	AA NH NA A W H O	S C P GC GP N OR NR
		M F	AA NH NA A W H O	S C P GC GP N OR NR

How much is your Household's total MONTHLY Gross Income? _____

****Does anyone in the household receive the below benefits or need a referral? ****

Circle referrals and submit online: <https://www.easttexasfoodbank.org/programs/benefits-assistance/>

SNAP
Supplemental Nutrition Assistance Program

TANF
Temp. Assist. for Needy Families

SSI
Supplemental Security Income

Elderly SSI
*Refer clients 65 receiving below SSI

Medicare Savings Medicare
QMB or SLMB

Social Security

Medicaid

None

Referral submitted on _____



Notice to Clients

If you receive food from this CSFP Site location, please note the following:

This CSFP Senior Box site is a Partner Agency of the (ETFB), and as such has agreed to follow ETFB policies and procedures and Internal Revenue Service (IRS) regulations regarding distribution of CSFP donated goods:

This CSFP site CANNOT:

- Charge a fee or accept monetary donations for food and non-food items you receive
- Require you to provide a service, participate in a religious event or join any part of this organization as a condition of receiving food.
- Refuse assistance to you based on race, color, age, religion, national origin, disability, gender, sexual orientation or political affiliation.

Release of Information

Oasis Insight is a computerized record keeping and database system employed by the East Texas Food Bank (ETFB) that captures demographic information about people experiencing need for emergency services, including but not limited to assistance with food, utility bills, medications, rent/mortgage payments, etc. The ETFB administers Oasis Insight on behalf of its participating agencies of the Oasis Insight Assistance Network, including: _____ (CSFP Senior Box Participating Agency/Site location).

By my signature below, I certify that all of the information listed on both sides of this form are true and correct to the best of my knowledge and authorize and release my information for use on the Oasis Insight Assistance Network. I understand that all information gathered about me is personal and private and that I do not have to participate in Oasis Insight. I understand that information about non-confidential services provided to me by Oasis Insight participating agencies may be shared with other Oasis Insight participating agencies. I have had an opportunity to ask questions about Oasis Insight and to review the basic identifying information about the system. This Release of Information will remain in effect until my next CSFP Formal Review is completed unless I make a formal request to this Organization that I no longer wish to participate in Oasis Insight.

CSFP Client/Proxy

Date

Eligibility Specialist Signature

Date

****This form is not required to be a part of CSFP. ****

This institution is an equal opportunity provider.