

Case# \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for needing emergency assistance: (i.e., loss of job, disability, increase in bills, decrease in work hours, etc.)  
\_\_\_\_\_

How did you hear about us: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**List All Other Household Members:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D.O.B: \_\_\_\_\_

**Check all those that apply to anyone living in your household.**

- |  |  |
|--|--|
| <input type="checkbox"/> Children under 18 | <input type="checkbox"/> Receiving Disability Benefits |
| <input type="checkbox"/> Adults ages 55+   | <input type="checkbox"/> Veteran                       |
| <input type="checkbox"/> Single Parent     |  |

**What ethnicity do you identify most closely with?**

(Optional – this information is only used by HCCM to apply for specific grant funding.)

- ☐ Caucasian
- ☐ Hispanic
- ☐ Black or African American
- ☐ Middle Eastern
- ☐ Asian
- ☐ Other

**ROI Consent**

I Acknowledge my information will be stored in a secure database, Oasis Insights, and used by CTFB and the pantry providing assistance to improve services offered to me and my community. Any reports that use my data will not reveal my identity.

By consenting to release my information, I agree to share my information with The Central Texas Food Bank (CTFB) and its partners to make it easier for me to access food at other pantries in the CTFB Network. By not consenting, I agree to only share my information with this agency and CTFB.

☐

Client agrees to share their data with Central Texas Food Bank Partners.

☐

Client **DOES** not agree to share their data with Central Texas Food Bank Partners.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**Office Use Only:**

- ☐ Packet given to become Full Services Member
- ☐ Appointment declined
- ☐ Out of serving area

**Client Crisis Code:**    **Loss of Job**            **Disability**            **Low Income**            **Refugee**  
**Homeless**    **Protected address**    **Increase in Bills**    **Flood Disaster**

**Client Status:**    **New**        **Return Client**        **Update (Current Client)**

**HCCM Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_