Case#_____

HOUSEHOLD INFORMATION

THIS INFORMATION IS NOT REQUIRED TO RECEIVE FOOD ASSISTANCE. IT IS ONLY REQUIRED TO DO A CASE MANAGEMENT APPOINTMENT TO RECEIVE FULL HILL COUNTRY COMMUNITY MINISTRIES BENEFITS AND SERVICES.

Last Name: _____ **First Name:** _____**Email:**_____

Address: _____ Phone # _____

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: _____

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.

- □ Children under 18
- □ Adults ages 55+
- □ Single Parent
- □ Receiving Disability Benefits
- □ Veteran

What ethnicity do you identify most closely with? (Optional – only used by HCCM to apply for 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:** _____

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Office Use Only:

□ Packet and box given to become Full Services Member

□ Appointment declined

□ Out of serving area

□ Emergency box declined/ Packet given to become Full Services Member

Client Crisis Code: Loss of Job Disability Low Income Refugee

Unhoused Protected address Increase in Bills Disaster (flood, fire, etc.) Diaper Bank Only

Client Status: New Return Client Update (Current Client)

HCCM Staff Signature: _____Date: _____