

# Neighbor Intake Form

## Application for Receipt of USDA Foods (TEFAP Program):

PANTRY STAFF MUST ENSURE:

- The recipient has read and understand the Application for Receipt of USDA Foods – FD-15A – Part 1.
- All verification is self-declaration.

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Zip Code or County\* \_\_\_\_\_ Number of people in household\* \_\_\_\_\_

Does anyone in your household currently receive benefits through the following government programs? \*

☐ SNAP (Food Stamps)

☐ Temporary Assistance  
for Needy Families  
(TANF)

☐ MO HealthNet  
(Medicaid)

☐ Supplemental Aid to  
the Blind (AB)

☐ Low Income Home  
Energy Assistance  
Program (LIHEAP)

☐ Public Housing  
Assistance

☐ Nutrition Program for  
Women, Infants &  
Children (WIC)

☐ Supplemental Security  
Income (SSI)

☐ None

**TEFAP Eligibility:** *Completed by food pantry intake person*

☐ Approved: Public Assistance

☐ Approved: No Public Assistance  
(Income Eligible)

☐ Denied

**Information for Additional Assistance:** The remaining questions will not impact your TEFAP service. You do not have to answer all of the questions on this form to receive services today, but some of the questions are required to receive assistance in addition to TEFAP product. **Required questions have an asterisk in them (\*).**

Date of Birth (MM-DD-YYYY)\* \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Total Household Monthly Income \$ \_\_\_\_\_

### Street Address:

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

### Mailing Address: (if different)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Proxy (optional):

*Would you like to allow someone outside of your household to pick up your food on your behalf?*

Proxy Name \_\_\_\_\_ Phone Number \_\_\_\_\_

This institution is an equal opportunity provider.  
(The full USDA civil rights nondiscrimination statement can be found on the TEFAP eligibility  
sheet FD- 15A-Part 1)

Revised and approved by FDU 4/18/2025



**Demographics:** Questions below are used to help us improve our agency's services and for grant reporting purposes. Your answers will not affect your ability to receive food today.

**What gender do you identify as? \*Required**

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ None of these
- ☐ Don't know / Prefer not to answer

**What race or ethnicity do you identify as?  
Select all that apply. Note, you may report more than one group – \*Required**

- ☐ Black or African American
- ☐ American Indian
- ☐ Asian
- ☐ Caucasian or White
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Alaskan Native
- ☐ Two or More Races
- ☐ Hispanic, Latino or Spanish
- ☐ Some other race or ethnicity
- ☐ Don't Know / Prefer not to answer

**Education (optional) – Select one**

- ☐ Less than High School
- ☐ High School Graduate or GED
- ☐ Some College or Associate's Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree or Higher

**Employment (optional) - Select one**

- ☐ Full Time
- ☐ Part-Time
- ☐ Unemployed
- ☐ Seasonal
- ☐ Retired
- ☐ Disabled
- ☐ Student

**Means of Transportation (optional) - Select one**

- ☐ Personal Vehicle
- ☐ Friend or Family Vehicle
- ☐ Walk or Bike
- ☐ Public Transportation

**Housing/Lodging (Optional) – Select one**

- ☐ Rent
- ☐ Mortgage
- ☐ Hotel/Temporary
- ☐ Group Home
- ☐ Student Housing (Dorm)
- ☐ Military Housing
- ☐ Homeless
- ☐ Shelter/Recovery
- ☐ Own

**Would you like a food bank staff member to contact you to help you apply for Food Stamps (SNAP) or Medicaid (health insurance)?**

- ☐ Yes
- ☐ No

**Does any of the following apply to anyone living in your household? – Select all that apply**

- ☐ At Risk of Being Homeless
- ☐ Disabled (Monthly Benefits)
- ☐ Homeless
- ☐ Veteran
- ☐ None of the above

**Does anyone living in your household have the following insurance? – Select all that apply**

- ☐ Dental
- ☐ Full Health
- ☐ Partial Health
- ☐ Vision
- ☐ Medicare
- ☐ None
- ☐ Medicaid

**Are you inside the city limits of - Select one**

- ☐ Columbia
- ☐ Jefferson City
- ☐ Kirksville
- ☐ N/A

**Additional Household Members:** Other than yourself, please list information for members of your household. If you have more than four people in your household, we will provide additional space for their information.

<p><b>First Name*</b></p> <p>_____</p> <p><b>Middle Name</b></p> <p>_____</p> <p><b>Last Name*</b></p> <p>_____</p> <p><b>Date of Birth (MM-DD-YYY)*</b></p> <p>____ - ____ - ____</p> <p><b>What gender do they identify as? *Required</b></p> <p> <input type="radio"/> Male  <input type="radio"/> Female  <input type="radio"/> Non-binary  <input type="radio"/> None of these  <input type="radio"/> Don't know / Prefer not to answer         </p> <p><b>What race or ethnicity do they identify as? – Select all that apply. *Required</b></p> <p> <input type="checkbox"/> African American or Black  <input type="checkbox"/> American Indian  <input type="checkbox"/> Asian  <input type="checkbox"/> Caucasian or White  <input type="checkbox"/> Middle Eastern or North African  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Alaskan Native  <input type="checkbox"/> Two or More Races  <input type="checkbox"/> Hispanic, Latino or Spanish  <input type="checkbox"/> Some other race or ethnicity  <input type="checkbox"/> Don't Know / Prefer not to answer         </p> <p><b>Relationship (optional):</b></p> <p>_____</p>	<p><b>First Name*</b></p> <p>_____</p> <p><b>Middle Name</b></p> <p>_____</p> <p><b>Last Name*</b></p> <p>_____</p> <p><b>Date of Birth (MM-DD-YYY)*</b></p> <p>____ - ____ - ____</p> <p><b>What gender do they identify as? *Required</b></p> <p> <input type="radio"/> Male  <input type="radio"/> Female  <input type="radio"/> Non-binary  <input type="radio"/> None of these  <input type="radio"/> Don't know / Prefer not to answer         </p> <p><b>What race or ethnicity do they identify as? – Select all that apply. *Required</b></p> <p> <input type="checkbox"/> African American or Black  <input type="checkbox"/> American Indian  <input type="checkbox"/> Asian  <input type="checkbox"/> Caucasian or White  <input type="checkbox"/> Middle Eastern or North African  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Alaskan Native  <input type="checkbox"/> Two or More Races  <input type="checkbox"/> Hispanic, Latino or Spanish  <input type="checkbox"/> Some other race or ethnicity  <input type="checkbox"/> Don't Know / Prefer not to answer         </p> <p><b>Relationship (optional):</b></p> <p>_____</p>	<p><b>First Name*</b></p> <p>_____</p> <p><b>Middle Name</b></p> <p>_____</p> <p><b>Last Name*</b></p> <p>_____</p> <p><b>Date of Birth (MM-DD-YYY)*</b></p> <p>____ - ____ - ____</p> <p><b>What gender do they identify as? *Required</b></p> <p> <input type="radio"/> Male  <input type="radio"/> Female  <input type="radio"/> Non-binary  <input type="radio"/> None of these  <input type="radio"/> Don't know / Prefer not to answer         </p> <p><b>What race or ethnicity do they identify as? – Select all that apply. *Required</b></p> <p> <input type="checkbox"/> African American or Black  <input type="checkbox"/> American Indian  <input type="checkbox"/> Asian  <input type="checkbox"/> Caucasian or White  <input type="checkbox"/> Middle Eastern or North African  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Alaskan Native  <input type="checkbox"/> Two or More Races  <input type="checkbox"/> Hispanic, Latino or Spanish  <input type="checkbox"/> Some other race or ethnicity  <input type="checkbox"/> Don't Know / Prefer not to answer         </p> <p><b>Relationship (optional):</b></p> <p>_____</p>
---	---	---



## **Release of Information Form**

*The Food Bank for Central & Northeast Missouri Assistance Network*

### **Benefits and Purpose**

Oasis Insight is a shared, computerized recordkeeping system that collects information about people who receive community services, including but not limited to food assistance services. This food pantry, through The Food Bank for Central & Northeast Missouri (collectively, "**Agency**") utilizes Oasis Insight to store information about individuals receiving these services.

I authorize Agency to collect and share the following information about me:

- My name, address, contact information, and other personal identifying information
- Names, personal identifying information, and relationships of members of my household
- Self-declared participation in government or other social service programs
- Visit history, program participation history, and services provided
- Other information I provide to Agency

### **Security of the Information You Provide**

We respect your information and want to make sure it remains private. We will take reasonable steps to protect its privacy and confidentiality. Only team members and volunteers who have been trained and have signed certain privacy agreements can access the system and your information. Your personal information is also protected by local, federal, and state laws.

### **How We Use the Information You Provide**

I authorize Agency to share this information within the Feeding America network and with other partners in order to provide services to me and my household, improve Agency's services, communicate with me about Agency's services, connect me with other programs and services, conduct research on food insecurity and hunger, highlight the issue of hunger with key stakeholders, and monitor and evaluate the effectiveness of Agency's programs. I further authorize Agency to export this information to other recordkeeping platforms at the discretion of Agency. I understand that Agency may not be able to prevent my information from being used, reproduced, or re-disclosed by the persons or entities with whom Agency shares my information.

I further understand that Agency may share information that does not specifically identify me, such as aggregated or anonymized data, without my consent. Information that does not identify me as an individual is not my personal information.

### **Your Rights**

I understand that if I do not consent, Agency will not deny me services, except where disclosure of my information is required for the provision of such services. I understand that this Authorization will expire three (3) years from the date I cease using Agency's services, unless I revoke this Authorization. I understand that if I change my mind, I may revoke this Authorization at any time, except to the extent Agency has already used or shared my information, by notifying The Food Bank at 573-474-1020.

I confirm that this Authorization is a free and voluntary act by me and that a copy of this Authorization is as valid as the original.

By signing below, I hereby authorize Agency to collect and share the information specified above. Further, I agree to release Agency from any liability arising from the collection and sharing of my information in compliance with this Authorization.

**Print Name:** \_\_\_\_\_

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