

# LACEY FOOD BANK REGISTRATION FORM 2020

609.242.2848

102 Station Drive • Forked River, NJ 08731

www.laceyfoodbank.org

## Emergency Food REGISTRATION FORM

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town & zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of children under 18 in household: \_\_\_\_\_ *Please see yellow form for additional L.F.B. Kids Program*

### QUALIFYING REASON (PLEASE CIRCLE)

1. TANF (Temporary Assistance for Needy Families – Social Services Program)
2. SNAP/Foodstamps **Ran out/insufficient** Lost Stolen Not received
3. SSI (Supplemental Security Income) – NOT SOCIAL SECURITY
4. WIC (Women, Infants, and Children)
5. MEDICAID
6. LOW INCOME (185% of poverty)
7. DISASTER (Other – can be divorce, domestic violence, unusual expense, loss of employment, etc.)

Please explain: \_\_\_\_\_

I am accepting a charitable donation of food from the Emergency Food Pantry. I hereby relinquish the Food Pantry of all liability of any nature whatsoever, and accept the food products “as is” and at my own risk.

I certify that my total yearly gross household income is at or below 185% of poverty, OR that my household participates in the program(s) that I have checked on this form.

CLIENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_ CASE ID: \_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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NAME: \_\_\_\_\_

NUMBER OF ADULTS IN HOUSEHOLD: \_\_\_\_\_

NAME	RELATIONSHIP	DATE OF BIRTH	GENDER

NUMBER OF CHILDREN (under 18) IN HOUSEHOLD: \_\_\_\_\_

NAME	RELATIONSHIP	DATE OF BIRTH	GENDER	For Lacey Food Bank Kids Program ONLY RC / BC & INITIALS

Head of Household ☐ Yes ☐ No

**CONSENTS (Required):**

I give my consent to be contacted by The FoodBank if I am found to be potentially eligible for additional assistance (SNAP, Food Stamps, Free Income Tax Preparation, Affordable Health Insurance, Utilities Assistance, etc.)\* ☐ Yes ☐ **Did Not Give Consent**

I give my consent to be contacted by The FoodBank to share my testimonial and highlight my hunger related experience.\* ☐ Yes ☐ **Did Not Give Consent**



## DEMOGRAPHIC/ETHNICITY QUESTIONS:

### Ethnicity:

- ☐ White/Caucasian
- ☐ Native American or Alaska Native
- ☐ Black or African American
- ☐ Hispanic, Latino
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Some Other Race or Origin

### Qualifying Reason for Assistance\*: required

- ☐ 1-TANF
- ☐ 2-SNAP
- ☐ 3-SSI
- ☐ 4-WIC
- ☐ 5-Medicaid
- ☐ 6-Low Income
- ☐ 7-Disaster

### If SNAP, how much received monthly?

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### IF DISASTER OR SPECIAL CIRCUMSTANCE:

- ☐ Domestic Violence
- ☐ Family Tragedy
- ☐ Fire or Flood
- ☐ High Debt
- ☐ High Medical Bills
- ☐ High Utility Bills
- ☐ Loss of Employment
- ☐ SANDY
- ☐ Natural Disaster
- ☐ Temporary Disability
- ☐ Divorce      ☐ Other

### Household Type:

- ☐ Single/Individual Household
- ☐ Single Parent W/Children under 18
- ☐ Two Parents W/Children under 18
- ☐ Grandparents Raising Children under 18
- ☐ Married/Partner w/No Children
- ☐ Other
- ☐ All Adults

### Employment Status of Head of Household:

- ☐ Employed
- ☐ Unemployed
- ☐ Retired and Not Working
- ☐ Disabled and Can't Work
- ☐ Can't Work for Other Reason

### How Many People in Your Household are working?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3 or more

### Number of Adults Age 60 or Older?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3 or more

### Marital Status:

- ☐ Single, never married
- ☐ Married or living as married
- ☐ Separated or divorced
- ☐ Widowed
- ☐ Single
- ☐ Divorced

**Highest Education Completed by Anyone:**

- ☐ Less than high school
- ☐ High school diploma/GED
- ☐ Vocational school
- ☐ Some college beyond high school or 2-year college degree
- ☐ 4-year college degree or higher

**Race of Applicant:**

- ☐ White/Caucasian
- ☐ Black or African American
- ☐ Hispanic, Latino
- ☐ Native American or Alaska Native
- ☐ Asian
- ☐ Middle Eastern
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Some Other Race or Origin

**Primary Language Spoken by Adults in Your Home?**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> English    | <input type="checkbox"/> Russian        |
| <input type="checkbox"/> Spanish    | <input type="checkbox"/> German         |
| <input type="checkbox"/> Chinese    | <input type="checkbox"/> Hmong          |
| <input type="checkbox"/> French     | <input type="checkbox"/> Haitian Creole |
| <input type="checkbox"/> Tagalog    | <input type="checkbox"/> Arabic         |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Korean     |   |

**Current Living Situation:**

- ☐ House or apartment
- ☐ Mobile home or house trailer
- ☐ Rented room in motel or boarding house
- ☐ Shelter, mission, or transitional living situation
- ☐ Double up – temporarily staying with family/friends
- ☐ No housing
- ☐ At risk of being homeless

**Do you currently have?**

- ☐ Stove
- ☐ Microwave
- ☐ Hot Plate
- ☐ Refrigerator
- ☐ Grill
- ☐ Full Kitchen
- ☐ None of these

**Is Anyone in Your Household Pregnant?**

- ☐ Yes
- ☐ No

**How Do You Usually Get To This Program?**

- ☐ Walk
- ☐ Bike
- ☐ Take a bus or train
- ☐ Get ride from family/friend
- ☐ Take a Taxi
- ☐ Drive myself in a Car

**Do All Members have Medical/Health Insurance?**

- ☐ Yes
- ☐ No

**Did Anyone Serve in the U.S. Military?**

- ☐ Yes
- ☐ No

**Has SSA or Department of Veteran Affairs Determined Anyone Disabled or Blind?**

- ☐ Yes
- ☐ No

**Is This a Mixed Immigration Household?**

- ☐ Yes
- ☐ No
- ☐ Refused/Don't Know

## CONSENTS (Required):

*I give my consent to be contacted by The FoodBank if I am found to be potentially eligible for additional assistance (SNAP, Food Stamps, Free Income Tax Preparation, Affordable Health Insurance, Utilities Assistance, etc.)*

**\* Required**

☐ Yes ☐ Did Not Give Consent

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*I give my consent to be contacted by The FoodBank to share my testimonial and highlight my hunger related experience.\* required*

☐ Yes ☐ Did Not Give Consent

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*I give my consent that my household information and assistance records will be shared through an electronic database, known as "Oasis Insight", with Fulfill. Fulfill is a non-profit organization that helps people identify and obtain assistance to which they may be lawfully entitled. I understand by participating in this database Fulfill may be able to assist me more effectively. I also understand that information provided by me for the Oasis Insight database may be shared with Oasis Insight participating food programs. Any assistance I receive will not be shared with participating food programs. This information may be used to create summary reports for program evaluation purposes.*

*Doy mi consentimiento para compartir la información de mi hogar y mi ayuda a través de una base de datos electrónica conocida como "Oasis Insight", con Fulfill. Fulfill es una organización sin fines de lucro que ayuda a las personas a identificar y obtener la ayuda a la cual pueden legalmente tener derecho.*

*Entiendo que, al participar en esta base de datos, es posible que Fulfill pueda ayudarme más eficazmente. Asimismo, entiendo que la información provista por mí para la base de datos de Oasis Insight puede compartirse con los programas alimenticios participantes de Oasis Insight. Cualquier ayuda que reciba no se compartirá con los programas alimenticios participantes. Esta información puede usarse para crear informes resumidos para fines de evaluación del programa.*

☐ Yes ☐ No

**\* Required**

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Signature/Firma

**\* Required**

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Date/Fecha



## **USDA Nondiscrimination Statement**

### **SNAP and FDPIR State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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## **USDA Nondiscrimination Statement (Continued)**

**For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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## USDA Nondiscrimination Statement (Continued)

### Joint Application Form (HHS)

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: [SNAP Hotline](#).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

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