



ENGLISH

Entered by: _____ Date: _____

Case #: _____ Print Card: Yes No

Consumer Pantry

PO Box 2190, Livermore, CA 94551

Residency Verified by staff:

Member & Family Sign-up

Required		
1. Full Name OR Initials	2. DATE OF BIRTH	3. Age
4. Total number of household members _____		
5. Number of household members in each age range: Infant (< 1) _____ Child (1-5) _____ School Age (6-17) _____ Adults (18-59): _____ Seniors (60+): _____		
6. Street Name or Address	7. City	8. Zip Code
9. Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work (_____) _____ Email Address: _____		
Optional		
10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to say		
11. Do you identify as transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		
12. How do you self-identify by Race/Ethnicity?		
<input type="checkbox"/> Hispanic, Latinx or Spanish	<input type="checkbox"/> Chinese	<input type="checkbox"/> Native American
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian Or
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Korean	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Filipino
		<input type="checkbox"/> Indian
		<input type="checkbox"/> SouthEast Asian
		<input type="checkbox"/> Prefer not to say
		<input type="checkbox"/> Some other race or ethnicity please list:: _____
13. What is your preferred language?		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Taishanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino/Tagalog <input type="checkbox"/> Other Language: _____		
14. How do you usually get to this food distribution?		
<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Car <input type="checkbox"/> Bus/BART <input type="checkbox"/> Taxi/Lyft/Uber <input type="checkbox"/> Paratransit <input type="checkbox"/> Other:: _____		
15. Would you like to be prescreened for CalFresh? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Phone Number:(_____) _____		
Are you the Female head of household? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Release of information agreement:

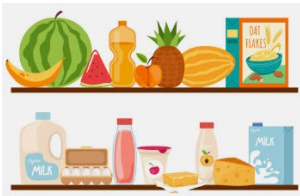
Oasis Insight is a shared, computerized cloud-based database that records information about people experiencing a need for emergency services, including, but not limited to, food assistance, across Alameda County Community Food Bank's (ACCFB), Network of food distribution sites, including Alameda County Community Food Bank (Participating Agency).

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 my personally identifiable information such as my name, full address and phone numbers, will not be shared with anyone other than the ACCFB and its Network Participating Agencies. ACCFB uses this information only to gain insight about how to better serve the community with emergency food assistance and other community-based services.

I have had an opportunity to ask questions about Oasis Insight and to review the information that this form authorizes to share with the ACCFB's Network Participating Agencies. This Release of Information will remain in effect for three years from the date noted at the bottom of this page unless I make a formal request to Alameda County Community Food Bank (Participating Agency) or ACCFB that I no longer wish to participate in Oasis Insight.

I authorize Alameda County Community Food Bank (Participating Agency) and ACCFB's Network Participating Agencies to collect and safely store my personal basic, identifying and demographic information, as well as that of my dependents, within Oas is Insight.

Signature _____ Date _____



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SECTION V. Household Members					
<i>Please include all household members that you regularly share food with.</i>					
	Name	Date of birth MM/DD/YYYY	Gender	Ethnicity	Relationship to Head of Household:
1					<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
2					<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
3					<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
4					<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
5					<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
6					<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
7					<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
8					<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
9					<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
10					<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____

Referral source (check only one)?
 SSA 211 Website Open Heart Kitchen CityServe Shelter AXIS Friend/Family TVNPA
 Other: _____

The information in this section that is being requested is not necessary to receive TEFAP food. It is intended as information for other services available at this agency.

To the best of your knowledge:
 What is your **YEARLY** household income? \$ _____
 What is your **MONTHLY** household income? \$ _____

What is the source of your income (check only one)?
 Earned/Employment CalWORKS SSI SSDI Child Support Unemployment GA Worker's Comp
 Unknown None/no income