

GENERAL INFO

Applicant's Last Name: _____ First Name: _____

Date of Birth: ___/___/___ (Estimated? Y / N) Mark One: ___ Male ___ Female ___ NonBinary ___ Undisclosed

Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed ___ Common-Law ___ Separated ___ Undisclosed

Address:

house number street City Zip Code County

<input type="checkbox"/> Check here if no fixed address	email(s): _____
Housing Type: ___ Vehicle ___ Own Home ___ Hotel/FEMA ___ Evacuee ___ With Family/Friends ___ Undisclosed ___ Other ___ Emergency Shelter/Mission/Transitional ___ Unhoused ___ Private Rental ___ Unhoused ___ Public(Social) Housing	phone #(s): _____

Language(s) Spoken in Household:
___ English ___ Spanish ___ Chinese ___ Arabic ___ Hindi ___ Portuguese ___ Russian ___ Other

Ethnicity (Check all that apply): ___ White/Anglo ___ Hispanic/Latino ___ Asian ___ Pacific Islander
___ Black/African American ___ Native American ___ Alaskan Native ___ Arab American ___ Undisclosed

Self Identifies as: ___ Core Connections (CCN) Participant | Food for Change: ___ Food Rx ___ FIRST LINK
{Food for Change: ___ Food Rx ___ FIRST LINK ___ Food Scholarship} ___ Veteran ___ Evacuee ___ Disability
___ Refugee ___ Mental Illness ___ Postpartum ___ Pregnant ___ Breastfeeding ___ New Immigrant

Education: ___ Grades 0-8 ___ Grades 9-11 ___ H.S.Diploma ___ GED ___ Post-Secondary(some) ___ Trade School/Pro Accreditation ___ 2YR ___ Bachelor's 4YR ___ Masters ___ PhD Country of Education: _____	Employment Type: ___ Full-Time ___ Part-Time ___ HomeMaker ___ Out of work MORE than 1Yr ___ Out of work LESS than 1 Year ___ Post-Secondary Student ___ N/A Other: _____
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DIETARY CONSIDERATIONS: ___ Dairy Allergy ___ Diabetic ___ High Blood Pressure ___ Kosher ___ High Cholesterol ___ Halal ___ Pre-Diabetic ___ Gluten Allergy ___ Peanut Allergy ___ Pork Allergy ___ Seafood Allergy ___ Thyroid ___ Sulfite Allergy ___ Vegetarian ___ Egg Allergy ___ Vegan Other: _____	MONTHLY INCOME: Please check all that apply for each Household (HH) Member and enter monthly amount: ___ Full-Time Paycheck ___ Part-Time Paycheck ___ Social Security ___ Social Security Disability (SSDI) ___ Supplemental Security (SSI) ___ Private Pension ___ Private Disability ___ Scholarships ___ Social Assistance ___ Student Loans ___ Spousal/Family Support ___ No Income ___ Other _____ TOTAL MONTHLY HOUSEHOLD INCOME: \$ _____
	MONTHLY EXPENSES: For the household, include dollar amount: Mortgage: _____ Medical: _____ Other: _____ Childcare: _____ School: _____ Transit: _____ Rent: _____ Utilities: _____ Vehicle: _____

Trinity River Food Bank

Respects your information and wants to ensure it remains private. We take steps to protect the privacy of your information including limiting access to certain staff and volunteers who have been trained on data privacy and sign an agreement to protect the privacy of the data.

What Information We Collect:

Our registration forms require users to give us contact information that may include name, email address, address, interests, and similar information. We do not request or store sensitive information from our visitors, such as credit card or social security numbers.

We Use That Information:

*To Improve Our Programs *To Do Research *To Connect You with Other Programs

*To Report Abuse, Harm or Neglect - We are required by law to report any cases of suspected abuse or neglect of children or vulnerable adults. WE are also required to share information about you to law enforcement in certain cases. We may also share your personal information in case of a threat to the public, such as a terrorist attack or natural disaster.

Client Signature: _____ Date: _____

ADDITIONAL HOUSEHOLD MEMBERS INFORMATION (FIRST AND LAST NAME)

First & Last Name			
Date of Birth	/ /	/ /	/ /
Gender			
(1) Male	1	1	1
(2) Female	2	2	2
(3) Non Binary	3	3	3
(4) Undisclosed	4	4	4
Relationship to Primary HH Member:			
(1) Spouse	1	1	1
(2) Child	2	2	2
(3) Parent	3	3	3
(4) Sibling	4	4	4
(5) Grandchild	5	5	5
(6) Grandparent	6	6	6
(7) Boyfriend/Girlfriend	7	7	7
(8) Common-Law Partner	8	8	8
(9) Friend	9	9	9
(10) Undisclosed	10	10	10
(11) Other	11	11	11
Ethnicity (Check all that apply):			
(1) White/Anglo	1	1	1
(2) Black/African American	2	2	2
(3) Hispanic/Latino	3	3	3
(4) Asian	4	4	4
(5) Pacific Islander	5	5	5
(6) Arab	6	6	6
(7) Native American	7	7	7
(8) Alaskan Native/Aleut/Eskim	8	8	8
(9) Other	9	9	9
(10) Undisclosed	10	10	10
Self-Identifies as:			
(1) Developmental Disability	1	1	1
(2) Disability	2	2	2
(3) Mental Illness	3	3	3
(4) Veteran	4	4	4
(5) Refugee	5	5	5
(6) Evacuee	6	6	6
(7) Pregnant	7	7	7
(8) Postpartum	8	8	8
(9) Breastfeeding	9	9	9
(10) Other	10	10	10
(11) N/A	11	11	11

ADDITIONAL HOUSEHOLD MEMBERS INFORMATION (FIRST AND LAST NAME)

First & Last Name		
Date of Birth	/ /	/ /
Gender		
(1) Male	1 <input type="checkbox"/>	1 <input type="checkbox"/>
(2) Female	2 <input type="checkbox"/>	2 <input type="checkbox"/>
(3) Non Binary	3 <input type="checkbox"/>	3 <input type="checkbox"/>
(4) Undisclosed	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Relationship to Primary HH Member:		
(1) Spouse	1 <input type="checkbox"/>	1 <input type="checkbox"/>
(2) Child	2 <input type="checkbox"/>	2 <input type="checkbox"/>
(3) Parent	3 <input type="checkbox"/>	3 <input type="checkbox"/>
(4) Sibling	4 <input type="checkbox"/>	4 <input type="checkbox"/>
(5) Grandchild	5 <input type="checkbox"/>	5 <input type="checkbox"/>
(6) Grandparent	6 <input type="checkbox"/>	6 <input type="checkbox"/>
(7) Boyfriend/Girlfriend	7 <input type="checkbox"/>	7 <input type="checkbox"/>
(8) Common-Law Partner	8 <input type="checkbox"/>	8 <input type="checkbox"/>
(9) Friend	9 <input type="checkbox"/>	9 <input type="checkbox"/>
(10) Undisclosed	10 <input type="checkbox"/>	10 <input type="checkbox"/>
(11) Other	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Ethnicity (Check all that apply):		
(1) White/Anglo	1 <input type="checkbox"/>	1 <input type="checkbox"/>
(2) Black/African American	2 <input type="checkbox"/>	2 <input type="checkbox"/>
(3) Hispanic/Latino	3 <input type="checkbox"/>	3 <input type="checkbox"/>
(4) Asian	4 <input type="checkbox"/>	4 <input type="checkbox"/>
(5) Pacific Islander	5 <input type="checkbox"/>	5 <input type="checkbox"/>
(6) Arab	6 <input type="checkbox"/>	6 <input type="checkbox"/>
(7) Native American	7 <input type="checkbox"/>	7 <input type="checkbox"/>
(8) Alaskan Native/Aleut/Eskim	8 <input type="checkbox"/>	8 <input type="checkbox"/>
(9) Other	9 <input type="checkbox"/>	9 <input type="checkbox"/>
(10) Undisclosed	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Self-identifies as:		
(1) Developmental Disability	1 <input type="checkbox"/>	1 <input type="checkbox"/>
(2) Disability	2 <input type="checkbox"/>	2 <input type="checkbox"/>
(3) Mental Illness	3 <input type="checkbox"/>	3 <input type="checkbox"/>
(4) Veteran	4 <input type="checkbox"/>	4 <input type="checkbox"/>
(5) Refugee	5 <input type="checkbox"/>	5 <input type="checkbox"/>
(6) Evacuee	6 <input type="checkbox"/>	6 <input type="checkbox"/>
(7) Pregnant	7 <input type="checkbox"/>	7 <input type="checkbox"/>
(8) Postpartum	8 <input type="checkbox"/>	8 <input type="checkbox"/>
(9) Breastfeeding	9 <input type="checkbox"/>	9 <input type="checkbox"/>
(10) Other	10 <input type="checkbox"/>	10 <input type="checkbox"/>
(11) N/A	11 <input type="checkbox"/>	11 <input type="checkbox"/>

Proxy Statement

I, _____

Appoint _____

as proxy on my behalf to pick up my food.

Signed _____

Date _____

"I certify that: (1) I am a member of the household living at the address provided in Section 1 and that, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program; (2) all information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct; and (3) if applicable, the information provided by the household's proxy is, to the best of my knowledge and belief, true and correct."

"USDA Nondiscrimination Statement In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720- 2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [https://www.usda.gov/sites/default/files/documents/USD A-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf](https://www.usda.gov/sites/default/files/documents/USD_A-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), from any USDA office, by calling, (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider."