

# Client Registration Form

Please provide the following information. If you're not sure about something, our staff is happy to help.

## Identification

First Name *	Middle Name	Last Name *	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Maiden Name	Nickname
<input type="text"/>	<input type="text"/>

Date of Birth (MM-DD-YYYY)

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Head of Household?

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## Street Address

Address	Apt#
<input type="text"/>	<input type="text"/>

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

County

## Mailing Address (if different)

Address	Apt #
<input type="text"/>	<input type="text"/>

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Email Address

## Phone Numbers

Description (Home, Cell, Neighbor, etc.)

Number (000-000-0000)

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

## Income Information

Source / Name

Amount

Frequency (weekly, monthly, annually?)

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

## Gender Identity

Female  Male  Non-binary  Transgender  Prefer not to answer

**Ethnicity —Required** (Select at least one)

- African American
- Asian
- Caucasian / White
- Hispanic, Latinx or Spanish
- Middle Eastern
- Native American
- Pacific Islander
- North African
- Native Alaskan
- Native Hawaiian
- Other Multi-Racial
- Prefer Not to Answer
- Did Not Ask
- Native Hawaiian; Pacific Islander
- Other (Enter A Value Below)

**Household Military Status: Veteran in Household?**                      **Yes**                      **No**

**Household Disability Status: Disability in Household?**                      **Yes**                      **No**

**List Additional Household Members (who lives you?)**

First Name	Last Name	Birthdate	Relationship	Income?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I understand that all information gathered about me is personal and private and that I do not have to participate in Oasis Insight to receive food assistance. I have had an opportunity to ask questions about Oasis Insight and to review the basic identifying information, which is authorized by this release for the Oasis Insight Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by Oasis Insight participating agencies may be shared only with other Oasis Insight Participating Agencies (participating pantries). This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in Oasis Insight.

I authorize this Participating Agency, to share my basic, identifying and non-confidential service transactions/information only with other Oasis Insight Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize this Participating Agency, as a Oasis Insight Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information only with other Oasis Insight participating agencies.

Signature: \_\_\_\_\_

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