

## Client Services Registration

| House hold Size               | Income Per Month |
|-------------------------------|------------------|
| 1                             | \$2,322          |
| 2                             | \$3,152          |
| 3                             | \$3,981          |
| 4                             | \$4,810          |
| 5                             | \$5,640          |
| 6                             | \$6,469          |
| 7                             | \$7,299          |
| 8                             | \$8,128          |
| Each Additional Family member | +\$830           |

I certify that my monthly gross household income is at or below the guideline listed, based on the number in my household. I also certify that, as of today, my household resides in the geographic area served by this Kentucky Emergency Food Assistance Program agency as determined by the administrating Food Bank and that I have not previously participated in the Program this month. This form is being completed in connection with the receipt of Federal assistance. I understand that making false certification may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

Please check that you have read the above statement: Yes  No

Please complete this information for the primary person visiting the agency.

\_\_\_\_\_  
**First Name**                      **Middle Name**                      **Last Name**                      **Suffix**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date of Birth (MM/DD/YYYY)**

\_\_\_\_\_  
**Street Address**                      **Apt #**                      **Mailing Address (if different)**                      **Apt #**

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

\_\_\_\_\_  
**County**

**Main Phone Number:** (     ) \_\_\_\_\_ - \_\_\_\_\_

**Estimated Total Household Income (Self-Declared. No proof of income is needed)**

**Amount:** \$ \_\_\_\_\_                      **Income Frequency:** Weekly Biweekly Monthly Yearly  
(Circle One)

**Ethnicity/Race** (Select at least one or all that apply)

African American  Asian  Caucasian/White  Hispanic, Latinx, or Spanish  Middle Eastern  
 Native Alaskan  Native American  Native Hawaiian  North African  Pacific Islander  
 Other Multi-Racial  Prefer not to answer  Other (Enter other ethnicity) \_\_\_\_\_

**Gender Identity**  Female  Male  Non-binary  Transgender  Prefer not to answer  Did not ask

**List Additional Household Members** (Other people who live with you)

| First Name | Last Name | Birthdate | Gender Identity | Race/Ethnicity |
|------------|-----------|-----------|-----------------|----------------|
| _____      | _____     | _____     | _____           | _____          |
| _____      | _____     | _____     | _____           | _____          |
| _____      | _____     | _____     | _____           | _____          |
| _____      | _____     | _____     | _____           | _____          |
| _____      | _____     | _____     | _____           | _____          |
| _____      | _____     | _____     | _____           | _____          |
| _____      | _____     | _____     | _____           | _____          |

**Household Military Status: Is there a Veteran in your household?**

No, never served  Yes, active duty in the past  Yes, now on active duty  Prefer not to answer

**Household Disability Status: Is there a Disability Status in your household?**

Yes  No  Prefer not to answer

**Authorized Representative:** (Name of someone else authorized to pick up for you?)

If you are homebound, unable to drive, or have a person that may pick up for you, provide their name and phone number. Your signature is also your authorization to allow proxy pickup.

\_\_\_\_\_  
**Name (First & Last)** **Phone (000-000-0000)**

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 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 Participating Agencies. 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 God's Pantry Food Bank Partner Agency, to share my basic, identifying, and non-confidential service transactions/information with other Participating Partner Agencies in this Oasis network. 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 God's Pantry Food Bank Oasis Insight Participating Agency, to share my dependent's basic, identifying, and non-confidential service transactions/information with other God's Pantry Partner Agencies in this Oasis network.

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