

Application

Please use an ink pen and print clearly

FIRST NAME _____

LAST NAME _____

DATE OF BIRTH (MONTH/DAY/YEAR): _____ AGE _____

HEAD OF HOUSEHOLD? YES NO

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

COUNTY: _____

PHONE NUMBER: _____ MESSAGE PHONE: _____

SOCIAL SECURITY NUMBER: _____

Income source	Amount (\$\$)	Frequency (monthly, annual?)

Please continue to page 2

GENDER (SELF-IDENTIFIED): **MALE** **FEMALE**

ETHNICITY (CIRCLE ALL THAT APPLY)

AFRICAN AMERICAN AMERICAN INDIAN ASIAN
CAUCASIAN/WHITE MIDDLE EASTERN NATIVE HAWAIIAN/PACIFIC ISLANDER
ALASKAN NATIVE HISPANIC/LATINO

EDUCATION (CIRCLE THE HIGHEST ACHIEVED)

LESS THAN HIGH SCHOOL HIGH SCHOOL GRADUATE/GED
SOME COLLEGE/ASSOCIATE'S DEGREE BACHELOR'S DEGREE
MASTER'S DEGREE OR HIGHTER

EMPLOYMENT (CIRCLE CURRENT STATUS)

FULL-TIME PART-TIME UNEMPLOYED
RETIRED

MARITAL STATUS (CIRCLE CURRENT STATUS)

MARRIED DIVORCED SINGLE WIDOW/WIDOWER

BENEFTS RECEIVED (CIRCLE ALL THAT APPLY)

SNAP (FOOD STAMPS) TANF (TEMPORATY ASSISTANCE FOR NEEDY FAMILIES)
MO HEALTHNET (MEDICAID) SUPPLEMENTAL SECURITY INCOME (SSI)
SUPPLEMENTAL AID TO THE BLIND (AB) PUBLIC HOUSING ASSISTANCE
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
SUPPLEMENTAL PAYMENTS NONE

OTHER (CIRCLE ALL THE APPLY)

AT RISK OF BEING HOMELESS DISABLED
VETERAN ACTIVE MILITARY NONE

MEANS OF TRANSPORTATION (CIRCLE CURRENT STATUS)

PERSONAL VEHICLE FRIENDS OR FAMILY PROVIDE A RIDE
WALK OR BIKE PUBLIC TRANSPORTATION

DO YOU HAVE ANY OF THE FOLLOWING TYPES OF INSURANCE? (CIRCLE THOSE THAT APPLY)

FULL HEALTH PARTIAL HEALTH DENTAL
VISION MEDICARE NONE

HOUSING

RENT MORTGAGE HOTEL/TEMPORARY
GROUP HOME STUDENT HOUSING MILITARY HOUSING
HOMELESS SHELTER/RECOVERY OWN

Please continue to page 3

LIST OTHER MEMBERS OF YOUR HOUSEHOLD:

First/last name	Birthdate	Gender	Ethnicity (see the list below)	Relationship to applicant	Social security number

Release of Information Authorization.

Douglass Community Services, under the direction of the Food Bank for Central and Northeast Missouri Assistance Network (here after , the Food Bank), retains client information in the Oasis Insight network. The Food Bank administers Oasis Insight on behalf of participating agencies, like Douglass Community Services.

I understand that all information gathered about me is personal and private and that I do not have to participate in Oasis Insight. I have had an opportunity to ask questions and review the information I have provided, 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 participating agencies may be shared with other participating agencies. This Release of Information Authorization will be in effect for 3 years from the dated noted by the signature unless I make a formal request to Douglass Community Services that I no longer wish to participate in Oasis Insight.

Client Signature _____ Date _____

Representative of Douglass Community Services _____ Date _____

Return this form to Douglass Community Services, 711 Grand Ave, Hannibal, MO 63401. Address questions by calling 573.221.3892