

The Food Bank for Central & Northeast MO requires the following information about you and all members of your household. Please respond to each part of the application.

Street Address:

OPTIONAL: Complete this box to grant permission for someone outside of your household to pick up food on your behalf:

Add Household Members / Relationships

First Name *

Middle Name

Last Name *

Date Of Birth *
 - -

Gender *

Ethnicity *

Relationship

First Name *

Middle Name

Last Name *

Date Of Birth *
 - -

Gender *

Ethnicity *

Relationship

First Name *

Middle Name

Last Name *

Date Of Birth *
 - -

Gender *

Ethnicity *

Relationship

Turn Over

(If you need extra space to provide any additional information, attach a separate sheet of paper)



Release of Information Form

The Food Bank for Central & Northeast Missouri Assistance Network

I hereby authorize **The Food Bank for Central & Northeast Missouri** (hereafter The Food Bank), its employees, its partner agencies, as Oasis Insight Participating Agencies, to share my and my dependent's basic, identifying and non-confidential service transactions/information with other Oasis Insight Participating Agencies. "*Oasis Insight*", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services. **The Food Bank for Central and Northeast Missouri** (Administrating Agency) administers Oasis Insight on behalf of participating agencies of the Oasis Insight Assistance Network, including this participating agency.

I have had an opportunity to ask questions about Oasis Insight and to review basic identifying information, which is authorized by this release for Oasis Insight Assistance Network Participating Agencies to share. I authorize the use of a copy of this original to serve as an original for the purposes stated above. 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 WITNESS WHEREOF, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.

Participant Signature

Date

Agency Representative Signature

Date