



ENGLISH

Office Use Only Monthly income: \$ _____
ANNUAL HOUSEHOLD INCOME
 Below \$10,000 \$25,000-\$34,999
 \$10,000-\$14,999 \$35,000-\$49,999
 \$15,000-\$24,999 \$50,000 and over
 Alameda median income % (AMI) _____

SECTION V. Household Members Please include all household members that you regularly share food with.					Relationship to Head of Household:
	Name	Date of birth	Gender	Ethnicity	
1					<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
2					<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
3					<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
4					<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
5					<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____

EMPLOYMENT STATUS (18 and over ONLY):

Name: _____ Unemployed Employed full time Employed part time Self-employed Retired Disabled
 Name: _____ Unemployed Employed full time Employed part time Self-employed Retired Disabled
 Name: _____ Unemployed Employed full time Employed part time Self-employed Retired Disabled

How do you describe your household?

- Single
- Couple
- All adults only (no minors under 18)
- Single adult with children under 18
- Two or more adults with children under 18
- Other: _____

Circle one option:

Do you **OWN** **RENT** **HOMELESS**

How much is your monthly payment?

\$ _____

HOUSEHOLD CHARACTERISTICS:

PLEASE CHECK ALL THAT APPLY

Single Female with Children under 18	
Single Male with Children under 18	
Doubled up/ Shared housing (income based/ necessity not by choice)	
Disabled/Special Needs (please circle) (physical/mental/ chronic medical)	
Veteran household	
Military (Active Duty) household	
Victim/ Survivor of Domestic Violence	
Refugee	
Receiving Cal Works/TANF	
Receiving Food Stamps	
Receiving GA (General Assistance)	
Receiving SSI/SSDI	
Receiving unemployment	

PLEASE CHECK ALL SERVICES NEEDED OR THAT YOU ARE RECEIVING:

	Need	Receiving
Food:		
Clothing:		
Need Shelter Referral/Homeless Services:		
Special Programs: Back to School/ Holiday Basket:		
Domestic Violence Referral/Assistance:		
Medical/Dental Care:		
Counseling:		
Transportation Assistance:		
CARE/ Utility Assistance:		
Childcare:		
Affordable Housing Assistance/Referral:		
Other:		



ENGLISH

Davis Street Community Center
3081 Teagarden St, San Leandro, CA 94577
PH: (510) 347-4620 ext. 400

Entered by: _____ Date: _____

Case #: _____ Card Printed: Yes No

Davis St File Folder Completed Date: _____

Member & Family Sign-up

Required		
1. Full Name OR Initials	2. DATE OF BIRTH	3. Age
4. Total number of household members _____		
5. Number of household members in each age range: Infant (0-5) _____ Child (1-5) _____ School Age (6-17) _____ Adults (18-59): _____ Seniors (60+): _____		
6. Street Name or Address	7. City	8. Zip Code
9. Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work (_____) _____ Email Address: _____		
Optional		
10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to say		
11. Do you identify as transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		
12. How do you self-identify by Race/Ethnicity?		
<input type="checkbox"/> Hispanic, Latinx or Spanish	<input type="checkbox"/> Chinese	<input type="checkbox"/> Native American
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian Or Pacific Islander
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Korean	<input type="checkbox"/> Indian
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Filipino
		<input type="checkbox"/> SouthEast Asian
		<input type="checkbox"/> Prefer not to say
		<input type="checkbox"/> Some other race or ethnicity please list: _____
13. What is your preferred language?		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino/Tagalog <input type="checkbox"/> Other Language: _____		
14. How do you usually get to this food distribution?		
<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Car <input type="checkbox"/> Bus/BART <input type="checkbox"/> Taxi/Lyft/Uber <input type="checkbox"/> Paratransit <input type="checkbox"/> Other:: _____		
15. would you like to be prescreened for CalFresh? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Phone Number:(_____) _____		

Release of information agreement:

Oasis Insight is a shared, computerized cloud-based database that records information about people experiencing a need for emergency services, including, but not limited to, food assistance, across Alameda County Community Food Bank's (ACCFB), Network of food distribution sites, including Alameda County Community Food Bank (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in Oasis Insight. I understand that my personally identifiable information such as my name, full address and phone numbers, will not be shared with anyone other than the ACCFB and its Network Participating Agencies. ACCFB uses this information only to gain insight about how to better serve the community with emergency food assistance and other community-based services.

I have had an opportunity to ask questions about Oasis Insight and to review the information that this form authorizes to share with the ACCFB's Network Participating Agencies. This Release of Information will remain in effect for three years from the date noted at the bottom of this page unless I make a formal request to Alameda County Community Food Bank (Participating Agency) or ACCFB that I no longer wish to participate in Oasis Insight.

I authorize Alameda County Community Food Bank (Participating Agency) and ACCFB's Network Participating Agencies to collect and safely store my personal basic, identifying and demographic information, as well as that of my dependents, within Oasis Insight.

Signature _____ Date _____