

School Pantry Agreement and Release of Information (ROI)

Please check each of the following boxes to indicate that you have read and agree to the information.

- ☐ I give my consent that my household information and assistance records will be shared through an electronic database, known as "Oasis Insight", with the **Food Bank of Northeast Arkansas** ("Food Bank"). The Food Bank is a 501(c)(3) non-profit organization that helps people identify and obtain assistance to which they may be lawfully entitled. I understand by participating in this database the Food Bank may be able to assist me more effectively. I also understand that information provided by me for the Oasis Insight database will be shared with the food banks who are administering the School Food Pantry Program in cooperation with your local school district. This information will only be used for program evaluation and reporting purposes. These organizations include **Food Bank of North Central Arkansas, Northwest Arkansas Food Bank, Harvest Regional Food Bank, River Valley Regional Food Bank, Arkansas Foodbank and Feeding America**. Any assistance I receive from a food pantry will not prevent me from receiving general food assistance from another food pantry.
- ☐ I understand that information provided by me will be shared with a state sponsoring agency such as TANF and DHS to ensure the school is following program rules and regulations.
- ☐ I understand to receive food from the TANF school pantry program that I am required to accurately declare my household income to determine eligibility. Sources of income include earnings from work, TEA, Social Security, SSI, General Assistance, VA, Unemployment, Worker's Compensation, Child Support, Alimony, and Donations.
- ☐ I understand that I must also have at least one child under 18 in the household and that at least one member of the household must be a U.S. Citizen.
- ☐ I understand that to declare and/or provide any additional personal information other than members of my household, physical address, county, phone number, and program eligibility questions is strictly voluntary and not a requirement to receive school pantry food.

I understand that misrepresentation of need and the sale or misuse of food is prohibited and could result in a fine, imprisonment, or both. I am aware my application may be selected for verification. I will cooperate should my application be selected.

This is an equal opportunity program. In accordance with Federal Law and U.S. Department of Health & Human Services policy, this program is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. If you believe you have been discriminated against because of race, color, national origin, sex, age, or disability, write to DHHS, Director, Office of Civil Rights, U.S. Department of Health & Human Services, 200 Independence Ave., SW, Washington, D.C. 20201

Signature

Date

School Pantry Eligibility Form October 1, 2023 - September 30, 2024 (OASIS Intake Form)

Head of Household: _____ TANF ID Card #: _____
First Middle Last

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ County: _____

Phone Number: _____ Email: _____

Households must answer "Yes" to questions 1, 2, and 3 to qualify.

1) Is there at least 1 child under the age of 18 in the household? ☐ Yes ☐ No

2) Is someone in the household a U.S. Citizen? ☐ Yes ☐ No

3) Is the household income less than 200% of the federal poverty level? ☐ Yes ☐ No

Combined Household Income: \$ _____ ☐ Monthly ☐ Annually

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Please list the names and ages of all Household Members including Head of Household. This information will only be used for reporting purposes.

Name	Age	Race	Gender	Relationship	Which school does child attend?

Are any of the children in the household enrolled in any of the following programs? Check all that apply:

- ☐ USDA Free or Reduced Lunch Program
☐ USDA After School Program
☐ USDA Summer Feeding Program

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Signature _____

Date _____

2023 Poverty Guidelines (200% of the Federal Poverty Level)

Family Size	Monthly Income	Annual Income	Family Size	Monthly Income	Annual Income
1	\$2,430	\$29,160	5	\$5,857	\$70,280
2	\$3,287	\$39,440	6	\$6,713	\$80,560
3	\$4,143	\$49,720	7	\$7,570	\$90,840
4	\$5,000	\$60,000	8	\$8,427	\$101,120

For each additional person add \$857 per month or \$10,280 per year.