



Food Bank of Northwest Louisiana Assistance Network
Shared Case Management Software - Oasis Insight
RELEASE of INFORMATION (ROI)

Client's Last Name: _____

First Name: _____

MI: _____

Address: _____

City/State: _____

Zip: _____

Date of Birth: _____
mm/dd/yyyy

SSN: _____

Phone: _____

The Food Bank of Northwest Louisiana Assistance Network, hereinafter referred to as "Oasis Insight," is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to, assistance with utility bills, medications, rent/mortgage payments, etc. Food Bank of Northwest Louisiana (Administrating Agency) administers Oasis Insight on behalf of participating agencies of the Oasis Insight Assistance Network, including Food Bank of Northwest Louisiana (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 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 Oasis Insight Assistance Participating Agencies to share. I also understand that information about non-confidential services provided to me by Oasis Insight participating agencies may be shared with other Oasis Insight 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.

Dependent's Name	Relationship	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize Food Bank of Northwest Louisiana, as an Oasis Insight Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other Oasis Insight Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize Food Bank of Northwest Louisiana (Participating Agency) as an Oasis Insight Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other Oasis Insight participating agencies.

X
Client and/or Parent-Legal Guardian's
Authorizing Signature

X
Agency Representative Signature

_____ Date

_____ Date

The original of this Release of Information must be kept on file with the Agency for a minimum of three years from the signing date.

APPLICATION - DECLARATORY STATEMENT OF ELIGIBILITY

FOR AGENCY USE ONLY: AGENCY _____ PARISH _____
AGENCY REPRESENTATIVE _____ DATE _____

All pre-registering households must complete an Application/Declaratory Statement of Eligibility. An application must be approved and on file in order for the household to receive commodities. This application expires on June 30th every year, but may be extended for an additional, consecutive two years provided the renewal form on the back of the original application is properly completed, approved, and signed by all parties.

NAME (Head of Household) ADDRESS
TELEPHONE CITY STATE ZIP

- 1. I certify that I am a resident of the parish listed above.
2. I certify that there are ___ number of persons in my household and that my household is eligible to receive USDA Commodities because (check A or B): (CHECK ONLY ONE)
a. [] The combined gross income of all persons in my household is _____ per _____(week, month, year).
b. [] I receive (circle one) Special Nutrition Assistance (SNAP), TANF, or Supplemental Security Income.
3. I understand that my household shall only receive donated foods under this application as distributed by this agency.
4. I understand that I may be prosecuted under current laws for accepting food for which I am not eligible.
5. I am aware that my application may be selected on a sample basis for verification. Should my application be selected, I will cooperate fully in the verification.
6. I understand that food received under this program is for my household consumption ONLY.
7. I certify that I will contact the agency listed above should the gross income or family size of my household change in such a manner that would affect the eligibility of my household.
8. I understand that I may only receive food from one food pantry.
9. I certify that the above information is true and correct.

Number in Household }
Children ages 0-17
Adults 18 - 64
Senior Adults 65 +
Homeless

SIGNATURE OF PERSON FILING APPLICATION

AUTHORIZED REPRESENTATIVE TO PICK UP FOOD

DATE

Application Denied Because: _____ Income too high _____ Other (Explain) _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442; or
email: program.intake@usda.gov

This institution is an equal opportunity provider.

REVISED 05/05/2022