

**COMMUNITY FOOD SHARE  
ENROLLMENT FORM - LOUISVILLE**

<b>*Date of Birth:</b>	Month	Day	Year	<b>*LAST Name:</b>	<b>*FIRST Name:</b>	
<b>Address:</b>				<b>City:</b>	<b>*Zip Code:</b>	
<b>Phone Number:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell				<b>Email:</b> _____		
<b>County:</b> <input type="checkbox"/> Boulder <input type="checkbox"/> Broomfield <input type="checkbox"/> Other _____				<input type="checkbox"/> Email me for food recalls, weather closures, holiday hours, recipes, events, etc. <input type="checkbox"/> <b>ONLY</b> email me for urgent matters such as food recalls		
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other			<b>Primary Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic		<b>Race:</b> <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other				
<b>How many people live in your household?</b>		<b>How many are children?</b>		<b>If you or another member of your household is pregnant, what is the due date?</b>		
<b>People in Your Household:</b> Please list all OTHER members of your family/household, their names, dates of birth, schools and their relationship to you.						
<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b> (month/day/year)		<b>Child's School</b> (if applicable)	<b>Relationship</b>	<b>v</b>
1					<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult	
2					<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult	
3					<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult	
4					<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult	
5					<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult	
6					<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult	
7					<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult	
<b>Second Shopper OR Proxy Shopper</b>						
You may list another adult outside of your household to shop for you when you are not available. This individual will need to present your CFS enrollment card or provide your date of birth when they check-in for you. For TEFAP, you must complete a separate <i>proxy</i> form.						
I authorize the individual listed below to shop on my behalf:						
<b>NAME of Second Shopper</b> _____				<b>Date of Birth</b> _____		
<b>FOR STAFF AND VOLUNTEERS</b> Boulder ID# _____ Date served _____						
Feeding Families details: Date letter/referral provided _____ From: <input type="checkbox"/> BVSD <input type="checkbox"/> SVVSD <input type="checkbox"/> Adams12 <input type="checkbox"/> WC <input type="checkbox"/> Other _____						
Type of service: <input type="checkbox"/> Food distribution <input type="checkbox"/> TEFAP <input type="checkbox"/> CSFP Program: <input type="checkbox"/> Feeding Families <input type="checkbox"/> TEFAP Only <input type="checkbox"/> Emergency Food						
Volunteer/staff member: App accepted by _____ ROI updated by _____ Service recorded by _____ BCC updated by _____						
Comments: _____ <input type="checkbox"/> Date Proxy signed _____						

**Multi-Party Integrated Case Management Data System – Authorization to Release Information**

The following is an information release that allows our agency to share with other organizations essential information about your case that will assist in coordinating resources and services on your behalf.

I, \_\_\_\_\_ authorize case information to be shared between the partners identified below through the use of a shared, online data system. Shared information may include such things as: names and demographics of related household members, contact information, program enrollment history, case planning activities and services requested or received. I understand that only information that is necessary to facilitate resource access, benefit determination and case coordination will be shared. I further acknowledge that anonymous (non-identifying) data may be used by these parties for the purpose of research and program evaluation. **Agencies participating in the collection of shared data for case coordination and referral system include:**

Boulder County Housing & Human Services  
Boulder County Housing Authority  
Boulder County Community Services  
OUR Center of Longmont  
Sister Carmen Community Center  
Emergency Family Assistance Association

Bridge House  
Boulder Shelter  
Community Food Share  
Family Resource Center Association  
Homeless Outreach Providing Encouragement (HOPE) for Longmont

I understand and agree that other service providers and coordination entities may be added at a future date.

I understand the information to be released is confidential and protected from disclosure and that all organizations covered by this release are held to this standard and subject to audit and review to ensure compliance with privacy and confidentiality guidelines. I also understand that I have the right to cancel my permission to release information at any time by providing written notice.

I certify that I have received consent from related household members to sign this release on their behalf. I understand that related household members include those that are over age eighteen (18) and are related by blood, marriage, or operation of law, along with my/their children and/or legal wards whose primary residence is my home. This does not include friends, roommates, or significant others who are not marriage partners. Each related household member, and the relationship to the head of household, must be included on this Release of Information. This information must be updated should the related household members' composition change.

I understand that I may acquire a copy of this release at my request. I certify that I have read and understand the content of this form. ***Unless terminated earlier by me, this authorization will expire one year from the date signed.***

**SIGN HERE** → Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

**RULES AND GUIDELINES**

1. Park in front of Community Food Share near the lobby entrance with the sliding doors.
2. Remain in your vehicle until the warehouse opens. Do not form a line at the door. Walk; do not run, in the parking lot or in the warehouse.
3. Once a shopping cart is available, you will have 15 minutes to shop. Groceries are to be bagged/boxed only in the lobby or the parking lot.
4. Only one adult per household will be allowed into the warehouse to shop. A young child may sit in the seat of the shopping cart.
5. Follow the posted limits so there is enough food for everyone.
6. No eating, drinking, smoking, chewing gum or cell phone use in the warehouse.
7. All program participants are required to update their enrollment information annually.
8. Food that you receive from Community Food Share may not be sold.
9. Violence, disrespectful language or unsafe behavior will not be tolerated.
10. Follow staff direction at all times.

Community Food Share reserves the right to suspend program participants that violate the rules.

**SIGN HERE** → Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

This institution is an equal opportunity provider.