Caseworker Referral - Feed A Family

This is a referral form for caseworkers who want to refer a family into the **Feed A Family** program. This program matches families impacted by SNAP cuts from the "One Big Beautiful Bill Act" (or impacted by other recent legislative cuts) to local faith communities/organizations/individuals who are making a 3, 6 or 12 month commitment to buy and deliver groceries on a weekly basis. The grocery shopping will be based on what the family requests on this form.

This program is for **critically vulnerable families**. We are defining these families as those who do not have any options for obtaining food after losing SNAP benefits:

- Elderly individuals who live alone or live with another elderly person
- Single parents
- Households without cars who cannot get to food pantries
- Large families (6+) where only one person is able to work
- Households where an/a adult(s) is/are disabled and cannot work
- Very large families (8+) who cannot get enough food from food pantries for their entire family
- Other situations we may not have thought of, where a caseworker is deeming the situation critical

The following families are **NOT eligible** if they following is true:

- There is more than one able bodied adult in the home and all are not working (even it means that one adult has to work at night while the other works during the day to watch children). *We will make an exclusion IF there is a breastfeeding mother with a baby*.
- If there are teenagers over the age of 16 in the household who are not working
- A family with enough people working that they are able to get their food needs met through income + food pantries

This application is very thorough and will take time to complete. It has to be thorough so that we have all the information we need to pass along to the sponsors. Please make sure you are in-person with the family while filling this out, or have direct access to them, as they will need to provide information that you may not have on file. The family has to consent to participating in this program and cannot be signed up without their knowledge or approval.

Once a family is referred, we will do our best to match them with a sponsor quickly.

If a family is deemed as "non-eligible" we will let you know.

If you have any questions, please email: info@rdomaha.org

This is a pilot program, and there will likely be things that we will need to improve/modify. Please communicate any concerns, suggestions or ideas with us!

* Indicates required question

1. Did the family you are referring lose SNAP as a result of the "One Big Beautiful Bill Act"? Or are they *
   ineligible due to other legislative reasons (ie. Ukrainians, etc).

   Mark only one oval.

   ◯ Yes   *Skip to question 2*

   ◯ No   *Skip to section 2 (Family not eligible for Feed A Family)*

   Family not eligible for Feed A Family

   We are sorry that this family is not eligible for the Feed A Family program. This program is specifically for people who lost their SNAP benefits due to the passing of recent legislation. If you have a family in a different situation that needs food, please visit our website for translated food pantry flyers in 13 languages: rdomaha.org/food

   Feed A Family Application

2. Name of caseworker filling out this form *

   _____

3. Phone number of caseworker filling out this form *

   _____

4. Email address of caseworker filling out this form *

   _____

5. Organization of caseworker filling out this form *

   _____

6. Full name of the primary contact of the household being referred *

   _____

7. Phone number of the primary contact of the household *

   _____

8. Secondary phone number (can be another family member living in the home) *

   _____

Family Information

9. Address of family *

_____

_____

_____

_____

_____

10. Language(s) family **speaks** *

_____

11. Language(s) family **reads** *

_____

12. Does anyone speak English in the household *

Mark only one oval.

◯ Yes

◯ No

13. If someone speaks/reads, English, what is the name and phone number of that person? Write N/A if not applicable. *

_____

14. What is the religion (if any) does the family practice?
(We will try to match the religions of sponsors and families)

_____

15. What year did the family come the USA? *

_____

16. Have they applied for their green cards? *

   Mark only one oval.

   ◯ Yes

   ◯ No

   ◯ Other: _____

17. If they have applied for their green cards, do they know approximately when they applied for them (year *
    and month, if possible?) Write N/A if not applicable.

   _____

18. Annual Household Income (total for entire household) *

   _____

Follow-up to Income

19. If the family is making under $30,000 per year ($576 per week or less) please explain how they have been
    surviving (paying rent, utilities, transportation, etc). Write N/A if not applicable.

   _____

   _____

   _____

   _____

   _____

Household Size

It is important that correct information is provided here, as we are aiming to serve the most critically vulnerable. Please
following the following definitions for each category:

- **Single Parent**: defined as **one adult living alone with their child/children**. It does NOT include a situation where a
  mother and father are living together but are not married. Or where other relatives, friends or other people are
  living in the house.
- **Elderly person**: Defined as someone 65 years or older who is living alone OR is living with another elderly person.
  It does NOT include a situation where the elderly person is living with other relatives, friends or people.
- **No car**: The family does not have a car and relies on public transportation or car pooling to get to work
- **Large family**: Six or more people in a household with only one person who can work
- **Disabled adults**: a household with one or more adults who are disabled and cannot work
- **Very large family**: Eight or more people in a household who cannot get enough food from food pantries for their
  entire family AND everyone is working who can work

If you have a family in a critically vulnerable situation other than what is listed above, please check "other" and explain.

20. Which category(ies) of "critically vulnerable" applies to this family? *

Check all that apply.

- [ ] Single parent living alone with a child/children
- [ ] Elderly person (65+) living alone OR living with another elderly person
- [ ] Does not own a car
- [ ] Large family (6+) with only one person who can work
- [ ] One or more adult(s) is/are disabled and cannot work
- [ ] Very large family (8+) who cannot get enough food from food pantries for their entire family
- [ ] Other: _____

21. If you chose "other," please explain in detail the situation of the family. *

_____

_____

_____

_____

_____

22. Number of adults in household (19 and older) *

Mark only one oval.

- ( ) 1
- ( ) 2
- ( ) 3
- ( ) 4
- ( ) 5
- ( ) 6
- ( ) Other: _____

23. Are any of the adults elderly? *

Mark only one oval.

- ( ) Yes
- ( ) No

24. How many elderly adults are there? *

Mark only one oval.

- ( ) 0
- ( ) 1
- ( ) 2
- ( ) 3
- ( ) Other: _____

25. How many adults are working?

Mark only one oval.

- ( ) 1
- ( ) 2
- ( ) 3
- ( ) 4
- ( ) 5
- ( ) 6
- ( ) Other: _____

26. If there are adults (anyone over the age of 19) who are NOT working, please explain why. Write N/A if not *
applicable.

_____

_____

_____

_____

_____

27. Are there any children in the household (Ages 0 to 18)? *

Mark only one oval.

- ( ) Yes   *Skip to question 28*
- ( ) No

Children

28. **Age of all children** *(Please select the age range for each child in the household. If a row does not apply* *
to the family, select N/A).

Check all that apply.

	Newborn	1 to 4 years old	5 to 12 years old	13 to 15 years old	16 to 18 years old	N/A
Child 1	☐	☐	☐	☐	☐	☐
Child 2	☐	☐	☐	☐	☐	☐
Child 3	☐	☐	☐	☐	☐	☐
Child 4	☐	☐	☐	☐	☐	☐
Child 5	☐	☐	☐	☐	☐	☐
Child 6	☐	☐	☐	☐	☐	☐
Child 7	☐	☐	☐	☐	☐	☐
Child 8	☐	☐	☐	☐	☐	☐
Child 9	☐	☐	☐	☐	☐	☐
Child 10	☐	☐	☐	☐	☐	☐
Child 11	☐	☐	☐	☐	☐	☐
Child 12	☐	☐	☐	☐	☐	☐

29. Do any of the children drink infant formula? *

Mark only one oval.

◯ Yes

◯ No

30. If a child drinks formula, what kind of formula? Please specify brand and type. If not applicable, write N/A. *

_____

_____

_____

_____

_____

31. How many vehicles does the family have? *

    Mark only one oval.

    ⬭ 0
    ⬭ 1
    ⬭ 2
    ⬭ 3
    ⬭ Other: _____

32. How much monthly SNAP benefit was the family receiving before they lost it? *

    _____

33. If the family still receives SNAP for household members who are eligible, how much are they now receiving? *

    _____

Food Needs

Please be very specific when filling out this section.

34. Where does the family normally grocery shop? Please list out **store names and addresses** (for the sponsors). Please list multiple stores and addresses if needed. *

    _____
    _____
    _____
    _____
    _____

35. We will need a **thorough** list of what the family shops for on a weekly basis. This is what the sponsor will *
be buying. You can write out their specific food needs list here, or you can email a picture of a written or
typed list (or screenshots of what the family buys) to: info@rdomaha.org.

If the family eats specific rice, please send a picture of the rice brand. If they need specific sauces or
spices, please send a picture.

_____

_____

_____

_____

_____

36. Please answer the following *

Mark only one oval.

◯ I filled out the complete list of food needs above

◯ I will email a list or pictures to info@rdomaha.org

37. Does anyone in the house have any serious or life threatening food allergies? If so, please list them *
below. If not applicable, write N/A.

_____

_____

_____

_____

_____

Weekly Grocery Delivery Schedule
When will the family be home each week, for food delivery? Check specific days and times

The sponsor will base their schedule off of when the family is home.

We do not want situations where sponsors bring food and no one is home. The family has to honor these times as times
when someone will 100% be home at accept the food delivery.

38. *

Check all that apply.

	All Day	Not available	7:00 AM	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:0 PI
Mondays	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tuesdays	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wednesdays	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Thursdays	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fridays	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Saturdays	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sundays	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

39. Does the family need Kosher food? *

Mark only one oval.

◯ Yes

◯ No

40. Does the family need Halal food? *

Mark only one oval.

◯ Yes   *Skip to question 41*

◯ No

Skip to question 42

Halal Food

41. Does the family need all of their meat to be halal or just need to avoid pork products? *

Mark only one oval.

◯ All meat must be halal

◯ Just avoid pork products

◯ Other: _____

Additional Details

42. Please provide additional details about the family that will be passed along to their sponsor. This is your *
chance to tell the family's story and advocate for them!

_____

_____

_____

_____

_____

43. I certify that what I am submitting is true to the best of my knowledge, and that this is a critically *
vulnerable family that will likely end up homeless without this type of sponsorship.

Mark only one oval.

◯ Yes

44. I certify that the family is aware of this application being made and is agreeable to having groceries *
delivered weekly by a sponsor.

Mark only one oval.

◯ Yes

45. The family is aware that an application to this program does not guarantee that they will be chosen. *

Mark only one oval.

◯ Yes

46. The family is aware that if chosen for this program, support may only be available for a limited time, based *
on what resources we have. This is a new and evolving situation and things may shift.

Mark only one oval.

◯ Yes