

# 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 provides support for families impacted by SNAP cuts from the "One Big Beautiful Bill Act" (or impacted by other recent legislative cuts). Families referred and accepted into the program will be provided with a gift card to purchase groceries.

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 (and/or only one adult can work in the household)
- 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. 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. The family will have to sign a Release of Information and a Program Agreement form during enrollment (there is a link in this form to have them sign digitally).

Once a family is referred, we will do our best to provide a gift card for groceries quickly.

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

If you have any questions, please email: [info@rdomaha.org](mailto: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. Email \*

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2. 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 3*

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](https://rdomaha.org/food)

### Green Cards

3. Does the family you are referring have their green cards?

*Mark only one oval.*

- Everyone has their green cards  
*Skip to section 6 (Not eligible - everyone has green cards)*
- Some people do not have their green cards      *Skip to question 4*
- No one in the family has their green cards      *Skip to question 4*

### Feed A Family Intake Form

4. Name of caseworker filling out this form \*

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5. Phone number of caseworker filling out this form \*

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6. Email address of caseworker filling out this form \*

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7. Organization of caseworker filling out this form \*

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### Family Information

8. Full name of the primary contact of the household being referred \*

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9. Phone number of the primary contact of the household \*

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10. Address of family \*

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11. Language(s) family speaks \*

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12. What year did the family come the USA? \*

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13. Which resettlement agency did the family come through when they resettled to the USA? \*

*Mark only one oval.*

CIRA

LFS

ICRI

Don't know

Other:

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14. Is the family currently working with a resettlement agency for support (PC program, Stability program, etc)? \*

*Mark only one oval.*

- Yes
- No
- Unsure
- I have referred them to a resettlement agency and am waiting to hear if they are accepted.
- Other:  
\_\_\_\_\_

*Skip to question 15*

**Not eligible - everyone has green cards**

If this family has green cards, they are eligible for SNAP (if they income qualify). A new rule was passed stating that you do NOT need to wait 5 years after having a green card to be eligible for SNAP. Please apply your client for SNAP as soon as possible.

**They do not qualify for the Feed A Family program.**

Do not have green cards

15. Have they applied for their green cards? \*

*Mark only one oval.*

- Yes
- No
- Other:  
\_\_\_\_\_

- 16. 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. \*

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- 17. Annual Household Income (total for entire household) \*

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Follow-up to Income

- 18. 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.

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## 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 (and/or only one adult can work in the household)
- **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.

19. 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 (and/or only one adult can work)
- Very large family (8+) who cannot get enough food from food pantries for their entire family
- Other: \_\_\_\_\_

20. If you chose "other," please explain in detail the situation of the family. If you did not choose "other," write N/A. \*

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

*Mark only one oval.*

1

2

3

4

5

6

Other:  
\_\_\_\_\_

22. Are any of the adults elderly? (over 65 years old) \*

*Mark only one oval.*

Yes

No

23. How many elderly adults (over 65) are there? \*

*Mark only one oval.*

0

1

2

3

Other:  
\_\_\_\_\_

24. How many adults are working?

*Mark only one oval.*

0

1

2

3

4

5

6

Other:  
\_\_\_\_\_

25. If there are adults (anyone over the age of 19) who are NOT working, please explain why. \*

**We will not process applications that do not thoroughly explain why an adult (even elderly) is not working.**

Write N/A if not applicable.

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

*Mark only one oval.*

Yes    *Skip to question 27*

No    *Skip to question 42*

### **Children**

27. How many children (under age 18) are in the household?

*Mark only one oval.*

1

2

3

4

5

6

7

8

9

10

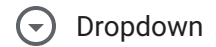
Other:  
\_\_\_\_\_



28. Age of child 1 \*

*Mark only one oval.*

- N/A
- Newborn
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old



## 29. Age of child 2 \*

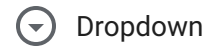
*Mark only one oval.*

- N/A
- Newborn
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

## 30. Age of child 3 \*

*Mark only one oval.*

- N/A
- Newborn
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old



31. Age of child 4 \*

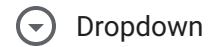
*Mark only one oval.*

- N/A
- Newborn
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

## 32. Age of child 5 \*

*Mark only one oval.*

- N/A
- Newborn
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old



33. Age of child 6 \*

*Mark only one oval.*

- N/A
- Newborn
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

## 34. Age of child 7 \*

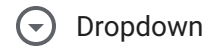
*Mark only one oval.*

- N/A
- Newborn
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

## 35. Age of child 8 \*

*Mark only one oval.*

- N/A
- Newborn
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old



## 36. Age of child 9 \*

*Mark only one oval.*


- N/A
- Newborn
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

## 37. Age of child 10 \*

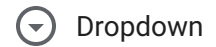
*Mark only one oval.*

- N/A
- Newborn
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

38. Age of child 11 \*

 Dropdown*Mark only one oval.*

- N/A
- Newborn
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old



39. Age of child 12 \*

*Mark only one oval.*

- N/A
- Newborn
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

40. If there are children ages 16 to 18, are they working? \*

Mark only one oval.

Yes

No

Other:  
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41. If teenagers 16 to 18 are not working, please explain why. Write N/A if applicable. \*

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Vehicles & SNAP

42. How many vehicles does the family have? \*

Mark only one oval.

0

1

2

3

Other:  
\_\_\_\_\_

43. What is the family's status with SNAP? \*

Mark only one oval.

- They have lost SNAP
- They are going to lose SNAP soon
- Other:  
\_\_\_\_\_

44. When did or will the family lose SNAP? Please list the last month the family will receive it. \*

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45. How much monthly SNAP benefit was the family receiving before they lost it? This must a specific number NOT an estimate. \*

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

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47. Is the family currently out of food?

Mark only one oval.

They have no food and need emergency assistance within 24 hours

They have some food but need emergency assistance this week

They have food but will need assistance soon

Other:  
\_\_\_\_\_

**Additional Details**

48. Please provide in-depth details about this family's situation. Why are they critically \* vulnerable? What is their story? This is your chance to advocate! Not every application is accepted for this program, so be thorough.

**We will not accept any applications that have less than 3 sentences about the family's situation and why they need Feed A Family support.**

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49. If the application is accepted, we will provide a gift card for one month's worth of \* groceries. We will make arrangements to get the gift card to the caseworker for you to provide to the client. Please **list the grocery store** the family would like the gift card to.

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- 50. Do you agree to make arrangements to get the first month gift card and provide it to the family? \*

Mark only one oval.

Yes

- 51. Does the family need kosher food, halal food or have any other food requirements or allergies? Please list all below. This information may be provided to food pantries who will put together boxes of food to deliver. \*

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- 52. When is someone usually home to accept food delivery from a pantry? Please list days of the week and timeframes. We will confirm before delivery but a general schedule is helpful for planning. \*

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- 53. 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

54. Click here to review the Feed a Family Agreement and Release of Information: [Feed A Family Agreement and Release of Information](#). Have the client sign and enter their name and information. These forms must be submitted to Restoring Dignity (through the DocuSign link) in order for their application to be processed. \*

*Mark only one oval.*

- I have explained these forms to the client I am referring and they have signed.
- The client declined to sign these forms. Send questions to [info@rdomaha.org](mailto:info@rdomaha.org) if they would still like to participate.

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

*Mark only one oval.*

- Yes

56. 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

57. The family understands and agrees that by being referred to this program, they will also be added to our Welcome Home Program (in-home acclimation classes). We are adding a new class called Financial Survivorship that each Feed A Family family will be required to go through.

*Mark only one oval.*

- Yes

58. The family agrees to this application also being shared with Center for Immigrant and Refugee Advancement (CIRA), for intensive case management and potential additional financial support.

*Mark only one oval.*

Yes

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