MODULE 2
ADDING A CASE IN OASIS
OPEN AND LOG-IN TO OASIS

https://nwafoodbank.oasisinsight.net/bulletins/
NORTHWEST ARKANSAS FOOD BANK

First Name: Anne  Last Name: Smith

Nickname:   Date of Birth: 09/26/1962

Street Address: 3312 S 82nd Street

City: Springdale  Zip: 72764  County: Washington

Phone Number: Home 479-478-6268  Cell: 


Amount of Income: Monthly: $1000  Do you receive SNAP Benefits? Yes  No

How many people in the household are working? __

Gender: Male  or  Female

Ethnicity: Caucasian (white)  African-American  Asian  Hispanic  Marshallene  Native American  Middle Eastern  Other __________

Education Completed: High School Incomplete  High School/GED  Some College  College

Employment: Full-Time  Part-Time  Unemployed  Retired

Marital Status: Married  Divorced  Separate  Single  Widowed
Search Function
Search using two parameters before proceeding:
1) Date of Birth
2) Name
First Name: Anne  Last Name: Smith

Nickname:   Date of Birth: 09/26/1962

Street Address: 3812 S 82nd Street

City: Springdale  Zip: 72764  County: Washington

Phone Number: Home 479-478-6268  Cell: 


Amount of Income: Monthly: $1000

Do you receive SNAP Benefits? Yes  No

How many people in the household are working? 

Gender: Male  or  Female

Ethnicity: Caucasian  African American  Asian  Hispanic  Marshallese  Native American  Middle Eastern  Other

Education Completed: High School Incomplete  High School/GED  Some College  College

Employment: Full-Time  Part-Time  Unemployed  Retired

Marital Status: Married  Divorced  Separate  Single  Widowed

Residential Status: Own  Rent  Homeless  Transient  At-Risk of Being Homeless

Northwest Arkansas Food Bank 2020
First Name: Anne  Last Name: Smith

Nickname: Date of Birth: 09/26/1962

Street Address: 2312 S 82nd Street

City: Springdale  Zip: 72764  County: Washington

Phone Number: Home 479-478-6268  Cell: 

(Circle One)

Amount of Income: Monthly: $ 1000  Do you receive SNAP Benefits? Yes  No

How many people in the household are working? 1

(Circle One)
Gender: Male  Female

Ethnicity: Caucasian (White)  African-American  Asian  Hispanic  Marshallese  Native American  Middle Eastern  Other

Education Completed: High School Incomplete  High School/GED  Some College  College

Employment: Full-Time  Part-Time  Unemployed  Retired

Marital Status: Married  Divorced  Separate  Single  Widowed

Residential Status: Own  Rent  Homeless  Transient  At-Risk of Being Homeless

INCOME & EXPENSES

INCOME SOURCES

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GOVERNMENT BENEFITS

- Receives Disability
- Receives Food Stamps
- Receives Medicaid
- Receives Medicare
- Receives Social Security
- Receives Veterans Benefits
- Receives WIC

OTHER (Enter A Value Below)

NUMBER OF PEOPLE EMPLOYED IN HOUSEHOLD

- [ ]

USDA RECERTIFICATION

- [ ]

3 MONTH RECERTIFICATION

- [ ]

ADD CASE  CANCEL
INCOME & EXPENSES - INCOME SOURCE

(Please Print)

First Name: Anne Last Name: Smith

Nickname: Date of Birth: 09/26/1962

Street Address: 3312 S 82nd Street

City: Springdale Zip: 72764 County: Washington

Phone Number: Home 479-478-6206 Cell: 

(Circle One)


Amount of Income: Monthly: $ 1000 Do you receive SNAP Benefits? Yes No

How many people in the household are working? 1

(Circle One)

Gender: Male or Female

Ethnicity: Caucasian (white) African-American Asian Hispanic Marshallese Native American Middle Eastern Other

Education Completed: High School Incomplete High School/GED Some College College

Employment: Full-Time Part-Time Unemployed Retired

Marital Status: Married Divorced Separate Single Widowed

Residential Status: Own Rent Homeless Transient At-Risk of Being Homeless

Government Benefits

- Receives Disability
- Receives Food Stamps
- Receives Medicaid
- Receives Medicare
- Receives Social Security
- Receives Veterans Benefits
- Receives WIC

Other (Enter A Value Below) 

Number Of People Employed In Household

USDA Recertification

- - -

3 Month Recertification

Yes

Add Case X Cancel
INCOME & EXPENSES - BENEFITS

First Name: Anne Last Name: Smith

Nickname: Date of Birth: 09/26/1962

Street Address: 3312 S 82nd Street

City: Springdale Zip: 72764 County: Washington

Phone Number: Home 479-478-6268 Cell: 


Amount of Income: Monthly: $1000 Do you receive SNAP Benefits? Yes No

How many people in the household are working? 1

Gender: Male or Female

Ethnicity: Caucasian (white) African-American Asian Hispanic Marshallese Native American Middle Eastern Other

Education Completed: High School Incomplete High School/GED Some College College

Employment: Full-Time Part-Time Unemployed Retired

Marital Status: Married Divorced Separate Single Widowed

Residential Status: Own Rent Homeless Transient At-Risk of Being Homeless
INCOME & EXPENSES - BENEFITS

First Name: Anne
Last Name: Smith

Nickname: 
Date of Birth: 09/26/1962

Street Address: 2312 S 82nd Street

City: Springdale Zip: 72764 County: Washington

Phone Number: Home 479-178-6268 Cell: 

Source of Income: Social Security
Disability
SSI
Child Support
Wages
Family Support

Amount of Income: Monthly: $1000
Do you receive SNAP Benefits? Yes

How many people in the household are working? 1

Gender: Male or Female

Ethnicity: Caucasian
African-American
Asian
Hispanic
Marshallese
Native American
Middle Eastern
Other

Education Completed: High School Incomplete
High School/GED
Some College
College

Employment: Full-Time
Part-Time
Unemployed
Retired

Marital Status: Married
Divorced
Separated
Single
Widowed

Residential Status: Own
Rent
Homeless
Transient
At-Risk of Being Homeless

INCOME SOURCES

1. Add Income Source
2. Government Benefits
   - Receives Disability
   - Receives Food Stamps
   - Receives Medicaid
   - Receives Medicare
   - Receives Social Security
   - Receives Veterans Benefits
   - Receives WIC
   - Other [Enter A Value Below]

3. Number of People Employed in Household

4. USDA Recertification
   - Yes

5. 3 Month Recertification
   - Yes
# Income & Expenses

The document provides a form for tracking income and expenses, including options for government benefits and job-related details. It appears to be part of a system used by the Northwest Arkansas Food Bank in 2020.

## Income Sources

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Interval</th>
</tr>
</thead>
</table>

**Government Benefits**

- Receives Disability
- Receives Food Stamps
- Receives Medicaid
- Receives Medicare
- Receives Social Security
- Receives Veterans Benefits
- Receives WIC
- Other (Enter A Value Below)

## Number Of People Employed In Household

- [ ]

## USDA Recertification

- [ ] - [ ]

## 3 Month Recertification

- [ ] Yes

- Add Case - Cancel

Northwest Arkansas Food Bank | 2020
Multiple Incomes Listed

INCOME & EXPENSES - EXTRA FEATURES
Multiple Incomes Listed

If a client is receiving Food Stamps, this will be noted here

INCOME & EXPENSES- EXTRA FEATURES
### Income & Expenses - Extra Features

<table>
<thead>
<tr>
<th>Income Sources</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Incomes Listed</td>
<td>If a client is receiving Food Stamps, this will be noted here</td>
</tr>
<tr>
<td>Typically # of &quot;wages&quot; income sources listed</td>
<td></td>
</tr>
</tbody>
</table>

**Northwest Arkansas Food Bank | 2020**
Multiple Incomes Listed

If a client is receiving Food Stamps, this will be noted here

Typically # of "wages" income sources listed

Select if:
- Homeless
- No income listed
First Name: Anne Last Name: Smith

Nickname: Date of Birth: 09/26/1962

Street Address: 3212 S 82nd Street

City: Springdale Zip: 72764 County: Washington

Phone Number: Home 479-178-6268 Cell: 

(Circle One)


Amount of Income: Monthly: $1000 Do you receive SNAP Benefits? Yes

How many people in the household are working? __

(Circle One)

Gender: Male or Female

Ethnicity: Caucasian (White) African-American Asian Hispanic Marshallese Native American Middle Eastern Other

Education Completed: High School Incomplete High School/GED Some College College

Employment: Full-Time Part-Time Unemployed Retired

Marital Status: Married Divorced Separate Single Widowed

Residential Status: Own Rent Homeless Transient At-Risk of Being Homeless

DemoGraphics
DEMOGRAPHICS

Gender — Required
- Female
- Male

Ethnicity — Required
[Dropdown]

Education
- College
- Highschool/GED
- Some College
- Highschool-Incomplete

Employment
- Full Time
- Part Time
- Unemployed
- Retired

Marital Status — Required
- Divorced
- Married
- Separated
- Single
- Widowed

Residential Status
[Dropdown]

Authorized To Pick
[Dropdown]
Adding Relationships
<table>
<thead>
<tr>
<th>First &amp; Last Name</th>
<th>Date of Birth</th>
<th>Ethnicity</th>
<th>Relationship</th>
<th>Income Source &amp; Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carina Smith</td>
<td>7/26/2012</td>
<td>African American</td>
<td>Granddaughter</td>
<td>0</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>
### Personal Info for Anne Smith

<table>
<thead>
<tr>
<th>Address</th>
<th>Not Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>Washington</td>
</tr>
<tr>
<td>DOB</td>
<td>Sep 20, 1945-50 years old</td>
</tr>
<tr>
<td>Case #</td>
<td>C69391</td>
</tr>
<tr>
<td>Other ID</td>
<td>Not Provided</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>African-American</td>
</tr>
<tr>
<td>Education</td>
<td>Highschool/GED</td>
</tr>
<tr>
<td>Employment</td>
<td>Full time</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Divorced</td>
</tr>
<tr>
<td>Number of people</td>
<td>1</td>
</tr>
<tr>
<td>Authorizes</td>
<td>Pick Up: Allie Jacobs</td>
</tr>
</tbody>
</table>

### History of Modifications

<table>
<thead>
<tr>
<th>Modification Details</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Anne Smith</td>
<td>Jul 23, 2019 8:22:25 PM</td>
</tr>
<tr>
<td>Reason: Name change</td>
<td>Tel, Jul 23, 2019 8:27 PM</td>
</tr>
<tr>
<td>Demographic data</td>
<td>Tel, Jul 23, 2019 8:32 PM</td>
</tr>
</tbody>
</table>

Northwest Arkansas Food Bank | 2020
<table>
<thead>
<tr>
<th>First &amp; Last Name</th>
<th>Date of Birth</th>
<th>Ethnicity</th>
<th>Relationship</th>
<th>Income Source &amp; Amount</th>
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<tr>
<td>Carina Smith</td>
<td>7/26/2012</td>
<td>African American</td>
<td>Granddaughter</td>
<td>0</td>
</tr>
</tbody>
</table>

Add Household Members / Relationships

- **First Name**: Carina
- **Middle Name**: 
- **Last Name**: Smith
- **Date Of Birth**: 07-26-2012
- **Gender**: Female
- **Ethnicity**: African-American
- **Relationship To Anne Smith**: Granddaughter

Add Another Household Member

Save Household Members  Cancel  Search for Existing Case

Northwest Arkansas Food Bank | 2020
### Add Household Members / Relationships

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carina</td>
<td></td>
<td>Smith</td>
<td>07-26-2012</td>
<td>Female</td>
<td>African-American</td>
<td>Granddaughter</td>
</tr>
</tbody>
</table>

**Note:**
- Please list all members living in the house (excluding yourself).
- Use the form to add each member with their details.
- Save the household members when complete.
Adding Assistance
Create the first assistance record
Keep track of what assistance your organization has provided to this person. Assistance records greatly reduce duplication of services.
Adding Assistance

Be sure to verify this is the correct case for Anne Smith using a form of identification.

Amount: 1
Unit: Boxes/Bags
Category: Financial Planning
Description:

Edit Date/Time — Aug 15, 2019 at 1:38 p.m.

This case and anything added is only visible to Training Food Pantry.

Add | Save & Add another | Cancel
Adding Assistance

Be sure to verify this is the correct case for Anne Smith using a form of identification.

Amount: 
Unit: Boxes/Bags

Category: Financial Planning

This case and anything added is only visible to Training Food Pantry.

Add | Save & Add another | Cancel
ADDING ASSISTANCE
Adding Assistance

Be sure to verify this is the correct case for Anne Smith using a form of identification.

Amount: 1
Unit: Boxes/Bags
Category: Food: Other
Description:

Edit Date/Time — Aug 15, 2019 at 1:38 p.m.

ATTACH A FILE
Choose File: No file chosen

This case and anything added is only visible to Training Food Pantry

Add Save & Add another Cancel
Adding Assistance

Be sure to verify this is the correct case for Anne Smith using a form of identification.

- Amount: 1
- Unit: Boxes/Bags
- Category: Food: Other
- Description:

Edit Date/Time — Aug 15, 2019 at 1:38 p.m.

Attach a file:
- Choose File: No file chosen

This case and anything added is only visible to Training Food Pantry.

Add | Save & Add another | Cancel
YOU ARE NOW READY FOR THE MODULE 2 TEST