

COVID-19 Nutrition Assistance Intake Application

Head of Household

SSN: ____ - ____ - ____

First & Last Name: _____ Date of Birth _____

Address: _____ Apt # _____

City _____ State _____ Zip code _____ County _____

Phone Number _____ 2nd Phone Number _____

How has COVID-19 impacted you? Please check all that apply.

Tested Positive Quarantined

Lost Job Hospitalized

Job Closing Child's School Closing

Layoff Child sick with COVID-19

Other Please explain: _____

Personal Information. Please check all that apply.

Homeless: YES NO **Gender:** Female Male **Age:** _____

Race or Ethnicity: White Hispanic, Latino, Spanish Black or African American

American Indian or Alaska Native Middle Eastern or North African

Native Hawaiian or other Pacific Islander Asian Other

Marital Status: Single Married Divorced Widowed Domestic Partner

Military Status: Active Duty Retired Reservist Veteran Not Applicable

Employment: Employed Full-Time Employed Part-Time Working Multiple Jobs

Self-Employed Retired Unable to Work due to a Disability Unemployed

Government Benefits: Disability Social Security Veteran Benefits Unemployment

SNAP (food stamps) WIC TANF Medicaid/Sooner Care

Medicare Not Applicable

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Members of Household Information: Please list each additional resident for the household listed on application. If needing to list additional family members please list on another sheet of paper and attach to application.

First Name	Last Name	Date of Birth	Gender Identity	Race or Ethnicity	Relationship to Head of Household
1.					
2.					
3.					
4.					
5.					
6.					

Gross Income for Household: Please circle household size and income of your household.

Household Size	Annual	Monthly	Weekly
1	\$32,350.00	\$2,695.00	\$622.00
2	\$36,950.00	\$3,079.00	\$710.00
3	\$41,550.00	\$3,462.00	\$799.00
4	\$46,150.00	\$3,845.00	\$887.00
5	\$49,850.00	\$4,154.00	\$958.00
6	\$53,550.00	\$4,462.00	\$1,029.00
7	\$57,250.00	\$4,770.00	\$1,100.00

Each additional family Member add.....	+ \$4,600.00	+ \$383.00	+ \$88.00
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By signing below, you acknowledge that all information provided on this application is true and correct. By signing you understand and grant Operation C.A.R.E. Ministries Inc. and the CDBG-CV to use and share your information. Any assistance provided through this program is determined on a case-by-case basis.

Signature

Date

<p>For Volunteer Office Use Only below:</p> <p>____ Utility Bill Attached ____ Covid Documents</p> <p>____ Rent Document Attached ____ Verified By</p>	<p>For C.D.D. USE ONLY BELOW:</p> <p>Check # _____ Amount \$ _____</p> <p>Verified by: _____</p>
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