

CHRISTIAN ACTION GUILD

303-279-5674

ASSISTANCE REQUEST (GOLDEN 80401 OR GOLDEN 80403 ONLY)

Required documents and paperwork

- Assistance Request Form completely filled out and signed.
- Proof of custody for ALL children (0-18) listed on Assistance Request Form. Approved documents are birth certificates or legal documentation of guardianship.
- Proof of residency for EACH adult (18+) in the household. Approved documents are utility bill, bank statement, insurance, car insurance, mail dated within month of application.
- Up-to-date (not expired) government issued ID for the primary account holder.

PLEASE **PRINT** ALL INFORMATION FOR THE **PRIMARY ACCOUNT HOLDER**

NAME: _____ DOB: _____

RELATIONSHIP: SINGLE _____ MARRIED _____ COMMON-LAW _____ WIDOW(ER) _____
OTHER: _____

GENDER IDENTITY: MALE _____ FEMALE _____ NON-BINARY _____ OTHER: _____

STREET ADDRESS _____ **GOLDEN** circle one: 80401 or 80403

PHONE(S) _____ EMAIL _____

IMMEDIATE FAMILY MEMBERS AT ABOVE ADDRESS

Proof of address is needed for every adult in the household - Adult children must have their own account unless they are physically or mentally in need of your parental/custodial care. Documents may be required.

Adults in household 18+ (name, age, birthday)

Children 0-18 (name, age, birthday)

Are you now, or will you be, receiving assistance from other agencies or food pantries?

BgoldeN Fresh Food Pantry Y__N__ Golden United Methodist Y__N__

Calvary Food Shelf Y__N__ JeffCo Action Center Y__N__

Are there any food allergies or dietary restrictions in the household?

I need emergency help due to circumstances beyond my control, and therefore, I am unable to meet my basic needs. I certify that the above information (must match proof of residency) is true and is for my immediate family only. I UNDERSTAND THAT ANY FALSE INFORMATION CONSTITUTES FRAUD.

Signature

Date

OPTIONAL: The following information is optional, but helpful for reflecting accurate demographics. The following information, if shared, will be used ONLY for the purpose of applying for grants and receiving other kinds of aid for this non-profit. Any information shared with this non-profit is confidential. Information in this section will be entered into the *Link2Feed* secure database along with required information to generate graphs and reports about this nonprofit.

ARE YOU NOW, OR WILL YOU BE RECEIVING SSI, SNAP, EBT, SECTION 8 OR WIC? _____

ETHNICITY: _____ LANGUAGE(S) SPOKEN: _____

EMPLOYMENT: _____ MONTHLY HOUSEHOLD INCOME: \$_____/month

HOUSING TYPE (i.e. Rental, Own, Shelter, Unhoused, etc): _____

HIGHEST LEVEL EDUCATION COMPLETED: _____

DO YOU IDENTIFY AS BIPOC? Y/N _____ DO YOU IDENTIFY AS LGBTQIA+? Y/N _____

DOES THIS HOUSEHOLD INCLUDE CURRENT OR PREVIOUS MEMBERS OF THE U.S. ARMED FORCES? Y/N _____