CHRISTIAN ACTION GUILD

303-279-5674

ASSISTANCE REQUEST (REV 01/01/2019)

\*\*\* GOLDEN 80401 OR GOLDEN 80403 ONLY \*\*\*

**Return the following items to the CAG (Christian Action Guild), 1401 Ford Street, in person:**

**All New Clients will be required to have ALL paperwork completed before receiving services. (FOOD). We request that new clients come in and sign up between 12:00PM-2:00PM.**

**Required documents and paperwork**

* Assistance Request Form completely filled out and signed.
* Proof of custody for ALL children listed on Assistance Request Form. Approved documents are birth certificate or legal documentation of guardianship.
* Proof of residency for EACH adult\* in household. Approved documents are utility bill, bank statement, lease or mortgage statement, insurance, car insurance.
* Up-to-date government issued ID for EACH adult\* in household.

\*An adult is a person of the age of 18 not attending high school. We request that if an adult is not a life partner or spouse then the adult will need to sign up on their own account. Even if they live at the same address. The exception, if the adult is a dependent. Dependent adult is someone who is physically and or mentally disabled and has documentation stating the individual as their care taker.

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

NAME **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** DOB: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

STREET ADDRESS **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GOLDEN circle one 80401 or 80403**

PHONE(S) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** EMAIL**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(IF NO PHONE, HOW CAN WE REACH YOU?)

EMPLOYMENT TYPE **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NUMBER OF IMMEDIATE FAMILY MEMBERS AT ABOVE ADDRESS**

# adults in household **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name/relationship/DOB **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# children (children’s ages) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

name and birthdate of each child **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(relationship, if you are not a parent) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proof of address is needed for every adult in household**

## Are you now, or will you be, receiving assistance from other agencies or food banks? No\_\_\_\_\_ Yes\_\_\_\_\_

## (If yes, list source and amount below)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there any food allergies in the household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you now, or will you be, receiving SSI, SNAP, EBT, OR WIC? Yes \_\_\_\_\_**  **No** **\_\_\_\_\_**

(Can you provide a copy)

**Monthly household income is currently $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per month, or less.**

**I need emergency help due to circumstances beyond my control. I have insufficient income and assets 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