



COMMUNITY SUPPORT INITIAL APPLICATION

Phone 970-870-8804 Fax 970-870-1935

You must present a photo ID to receive services.

Please let us know if you would like spiritual encouragement.

APPLICANT:

First Name _____ Middle Initial _____ Last Name _____

Date of Birth: _____ Phone # _____ Race/Ethnicity: _____

ID: _____ State/Country _____ ID#: _____

When did you move to Routt County? _____

Physical address _____
Street _____ City _____ State _____ Zip code _____

Mailing address (if different) _____

Have you ever received service from LiftUp in the past? _____ Do you receive SNAP (food stamps)? _____

Have you applied for SNAP? _____ Are you a seasonal employee? _____ Do you need job training? _____

If you currently are out of work, are you searching for employment? _____

SPOUSE/SIGNIFICANT OTHER:

First Name _____ Middle Initial _____ Last Name _____

Date of Birth: _____ Phone # _____ Race/Ethnicity: _____

DEPENDENTS LIVING WITH YOU: (children) (Any other adult household members should have their own application.)

First Name	Last Name	Date of Birth	Relationship to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SOURCE OF INCOME:

Applicant

Employer: _____

Monthly Income: \$ _____ an hour
 _____ hours a week
 \$ _____ Total (x4 weeks)

Date of next paycheck _____

Retired/SSI: monthly amount _____

Disability/SSDI: monthly amount _____

Child Support/Alimony: _____

Food Stamps/SNAP: _____

Unemployment: _____

List any other income? (This includes rent from roommates, etc.)

Spouse/Significant Other:

Employer: _____

Monthly Income: \$ _____ an hour
 _____ hours a week
 \$ _____ Total (x4 weeks)

Date of next paycheck _____

Retired/SSI: monthly amount _____

Disability/SSDI: monthly amount _____

Child Support/Alimony: _____

Food Stamps/SNAP: _____

Unemployment: _____

List any other income? (This includes rent from roommates, etc.)

TOTAL INCOME RECEIVED (Gross) IN THE MOST RECENT MONTH _____

Please explain specifically why you are seeking assistance from the Food Bank:

If you have other needs, please ask for the Financial Assistance Application.

** You will need to meet with a case manager for further assistance.*

APPLICANT'S ACKNOWLEDGEMENT:

The information given on this application is true to the best of my knowledge. I understand that I will receive products free of charge. I further understand that Lift-Up is not responsible for the condition of food or non-perishable products. Therefore, I release, waive, indemnify, and hold Lift-Up of Routt County harmless from and against any/all claims for damage, injury, or expenses of any kind.

I (**print name**) _____, hereby authorize the staff of Lift-Up of Routt County to obtain and/or share information necessary from/with any other person or organization that may be helpful in receiving assistance from Lift-Up for emergency purposes (i.e. landlord, employer, churches, DHS, medical provider, law enforcement, etc.). I understand that all information requested is solely for the purpose of receiving help with my emergency needs and will be held in confidence.

Applicant's signature _____ **Date** _____

OFFICE USE ONLY:

Staff signature _____ **ID Photocopied?** _____

Resident **Non-resident** **Seasonal** **Transient**

The Food Bank is a Routt County United Way Agency. All gifts are made possible through the generous donations of businesses, civic groups, churches and individuals. Services are based on need and availability. Referrals to other agencies may be offered to meet other needs.