



# FOOD & COMMUNITY SUPPORT APPLICATION 2021

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

You must present a photo ID to receive services. Any information provided on this application may be subject to verification. Please let us know if you would like spiritual encouragement.

**\*\*All information must be complete before your application will be reviewed. \*\***

## APPLICANT INFORMATION:

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Photo ID: Type of ID \_\_\_\_\_ State/Country \_\_\_\_\_ ID#: \_\_\_\_\_

When did you move to Routt County? \_\_\_\_\_

Physical address: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Mailing address (if different) \_\_\_\_\_

Email address (we may contact you with LiftUp Food Bank updates): \_\_\_\_\_

Have you ever asked for assistance from LiftUp in the past? \_\_\_\_\_ Do you receive SNAP (food stamps)? \_\_\_\_\_

Have you applied for SNAP? \_\_\_\_\_ Are you a seasonal employee? \_\_\_\_\_ Are you looking for job training? \_\_\_\_\_

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

Is this an emergency? If yes, please explain: \_\_\_\_\_

## SPOUSE/SIGNIFICANT OTHER INFORMATION:

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Type of ID \_\_\_\_\_ State/Country \_\_\_\_\_ ID#: \_\_\_\_\_

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

First Name Last Name Date of Birth Relationship to you

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

TYPE OF ASSISTANCE REQUESTED:  Rent/Mortgage  Medical  Utilities  Food  Other

Have you asked for assistance from any other agency? \_\_\_\_\_ If yes, which agency? \_\_\_\_\_

If needing food, please list any dietary restrictions: \_\_\_\_\_

## SOURCES OF INCOME:

<p>Applicant's Employer: _____</p> <p>Wages per month: \$ _____ /month (or calculate \$ _____ per hour X _____ hours per week X 4 weeks)</p> <p>Date of next paycheck: ____/____/____</p> <p>Retirement/SSI per month: \$ _____</p> <p>Disability/SSDI per month: \$ _____</p> <p>Child support/alimony per month: \$ _____</p> <p>Food stamps/SNAP per month: \$ _____</p> <p>Unemployment per month: \$ _____</p> <p>List any other income (including rent from roommates, etc) _____</p>	<p><b>TOTAL INCOME RECEIVED (Gross) IN THE MOST RECENT MONTH \$ _____.</b></p> <p>I, _____ certify that 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.</p> <p>Applicant's signature _____</p> <p>Date ____/____/____</p>
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What is your plan to pay next month? Please explain: \_\_\_\_\_

Are you utilizing the food bank to help offset your costs? \_\_\_\_\_

List approximate expenses with dollar amounts for the last month: (How much was spent in each category?)

Food		Car fuel/maint.		Rent/mortgage	
Household Items		Auto Loans & Leases		Lot rental	
Clothing		Health/dental Insur.		Student Loans	
Laundry / Dry Cleaning		Electric/Gas/Water		Medical care (Rx)	
Telephone (Cell, Home)		Internet/TV		Child Care	
Personal care		Trash Service		Other	

### HOUSING ASSISTANCE

Landlord/Mortgage Co Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address of Landlord/Mortgage Co. \_\_\_\_\_

Which month's rent are you seeking? \_\_\_\_\_ Amount of usual monthly payment \_\_\_\_\_

Total amount owed as of this date **a)** \_\_\_\_\_ How much will you contribute? **b)** \_\_\_\_\_

Amount requested from LiftUp **c)** \_\_\_\_\_ (Calculate using  $a - b = c$ )

Any other relevant information? \_\_\_\_\_

### HEALTHCARE ASSISTANCE (check all that apply)

Medical  Dental  Vision  Prescription

Medical Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

### UTILITY ASSISTANCE (check all that apply)

Gas  Electric  Propane  Water  Other

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

### OTHER ASSISTANCE INFORMATION

### APPLICANT'S ACKNOWLEDGEMENT

I (**print name**) \_\_\_\_\_, hereby authorize the staff of LiftUp 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. The above information is true and complete to the best of my knowledge. I understand that, if I am eligible, LiftUp will write a check directly to the vendor (i.e. landlord/mortgage company, medical office, etc.).

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY - Case Notes

Fund Used \_\_\_\_\_ Amount \_\_\_\_\_ Approval Initials \_\_\_\_\_

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