# FOOD & COMMUNITY SUPPORT APPLICATION 2026

Phone 970-875-3443- Spanish 970-875-3445

*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:

Applicant's Employer: _____

Wages per month: $_____/month
(or calculate $____per hour X ___hours per week X 4 weeks)

Date of next paycheck: ___/___/____

Retirement/SSI per month: $_____

Disability/SSDI per month: $_____

Child support/alimony per month: $_____

Food stamps/SNAP per month: $ _____

Unemployment per month: $ _____

List any other income (including rent from roommates, etc)

_____

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

**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.**

Applicant's signature_____

Date ___/___/____

**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 _____

Fund Used _____ Amount _____Approval Initials _____