

Covenant Cupboard Food Pantry Enrollment [Please Print; complete all topics highlighted in yellow]

Last Name						First Name						
Do you: Own? <input type="checkbox"/> Rent? <input type="checkbox"/>		Do you have a kitchen? Yes <input type="checkbox"/> No <input type="checkbox"/>										
Street #		Street Name			Apt #	City			ZIP Code		Verified	
											Date	
County						Telephone		()		found CCFP via:		
Notes:												
Clients/Income		Does anyone in your household receive any income? Yes <input type="checkbox"/> No <input type="checkbox"/>										
List yourself & all others living in your household below												
Last Name		First Name		Birth date	Sex	Ethnicity	Race	Relationship		Income Y or N	Verified by	Date
1									Self			
2												
3												
4												
5												
6												
7												
8												
9												
Income	F Name		Source		Weekly income		Monthly income					
	F Name		Source		Weekly income		Monthly income					
	F Name		Source		Weekly income		Monthly income					
What types of assistance to you receive?	Aid to Blind AB <input type="checkbox"/>		Heating Aid LEAP <input type="checkbox"/>		Food Stamps <input type="checkbox"/>		Social Security SSI <input type="checkbox"/>		Choice Shopping			
	Aid to Disablc AND <input type="checkbox"/>		Old age pension OAP <input type="checkbox"/>		None of these <input type="checkbox"/>							
	Temp. Family Aid TANF <input type="checkbox"/>		Medicaid <input type="checkbox"/>									
Volunteer signature:												
Notice to Recipients:												
<p>The undersigned, by accepting this food and commodities, releases Arapahoe County and the Presbyterian Church of the Covenant (USA), its officers and staff, members, employees, volunteers, donors and suppliers from any liability resulting from the condition of the donated items, or any injury that might occur while picking up or transporting the donation and further agrees to indemnify and hold harmless same from all liabilities, damages, losses, claims, causes of action at law or equity, or any obligation whatsoever arising out of, or attributed to any action or representation of same. The undersigned further agrees to accept the food and commodities in the pending delivery and understands that no warranty or guarantee of usability or freshness is made or implied. The undersigned shall be solely responsible for the final inspection of any goods received prior to their use.</p>												
Signature of Applicant:		This institution is an equal opportunity provider.						Date:				