



# Outreach Program Application Instructions

**Clothing, Household items, Hygiene or Family Food Box Programs**

In order to help many needy people with this FREE PROGRAM, each person (family) must qualify for services.

1	<b>PROOF OF RENT</b> (Either rent contract showing amount or receipt showing amount)
2	<b>PROOF OF CURRENT INCOME</b> (one of the following: check stub; pension letters, SSI letter; unemployment verification or bank statement showing direct deposit)
3	<b>STATE ID/DRIVERS LICENSE/CITY MISSION PICTURE</b> must be provided for each adult.
4	<b>IDENTIFICATION FOR EACH CHILD UNDER THE AGE OF 18 LIVING IN YOUR HOME</b> (one of the following: BIRTH CERTIFICATE; MEDICAL IMMUNIZATION CARD OR MEDICAL CARD)

Please provide the following with each application:

If you submit your application WITHOUT ALL the components attached it will be immediately declined. It will NOT be returned to you via mail or at the Outreach Site. At that point, you will need to resubmit the application and re-start the qualifying waiting period-- which could take up to 60 days. You may contact the office after two weeks to see if your application has been approved.

At times the mailing address is written illegibly or wrong house numbers for the street address are given. Unfortunately, giving the incorrect information could cause you to forfeit your food box for one month. Without a complete application on file a person is not eligible for the Mission's FREE program services.

This program is not sponsored by any government organization, therefore we are not City run. We are funded through the generous gifts of individuals who want to help the needy. Though we will help as many people as possible, at times we are forced to refuse service for reasons such as bad attitudes, danger to other guests, or distance in delivering a food box.

If you qualify you will be eligible every 30 days to receive help through our clothing, food box, household and hygiene programs. Should an emergency arise within the 30 days, you may speak with the Assistant Director about your situation. You are required to update your application with current phone numbers and addresses changes in order to continue your eligibility in this program.

On designated days, you must call to sign up for the Family Food Box meals. All others services are provided onsite at Mobile Outreach centers. When signing up monthly for a Family Food Box meal, you will receive an assigned day for your food box delivery.

**You may return the completed form, and documents, to any of our Outreach locations or you may mail the items to the address below:**

**City Mission Ministries \*\* 26200 Date Street \*\* Highland, CA 92346**

Application Date:



# City Mission OUTREACH PROGRAM Qualifying Application

Clients City/Category:

- Name (First, Last): \_\_\_\_\_ Are you legally disabled? \_\_\_\_\_
- Explain your disability? \_\_\_\_\_
- Do you own your house or rent? \_\_\_\_\_ How much are your payments? \_\_\_\_\_ Homeless (Yes or No)? \_\_\_\_\_
- What form of transportation do you use? \_\_\_\_\_ If a vehicle, what Year and Make is it? \_\_\_\_\_  
Are you making payments on it? How much? \_\_\_\_\_ How many people live in your home? \_\_\_\_\_
- Are you retired? \_\_\_\_\_ Monthly income? (including SSI) \_\_\_\_\_ Income of entire household? \_\_\_\_\_

**Please list all in your household — YOUR IMMEDIATE FAMILY.  
Include yourself but NO cousins, NO friend's children, NO neighbors.**

FIRST & LAST NAME	DATE OF BIRTH	M	F

Office Notes: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  House in Rear  Mobil

Cross Street: \_\_\_\_\_ OTHER LANDMARKS \_\_\_\_\_

Apt Name: \_\_\_\_\_ Apt # \_\_\_\_\_ BLDG # \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you live in a gated community? Y or N What is the GATE access number? \_\_\_\_\_

Upstairs: Y or N Do you have a Stove  Microwave  Regular Refrigerator  Small Refrigerator

**Initial Each Box below**

I understand that if an attempt is made to deliver a pre-scheduled food box to my home address, and I am not there to receive it, or **I do not hear the volunteer knocking on my door,** I forfeit it for 30 days.

Only one food box per family, per address. You must call City Mission once a month to order your Food Box.

If I live in a gated community... I agree to watch for the delivery driver... and should they not be able to get in the gate, I understand that I must forfeit the box.

**CLIENT SIGNATURE and DATE:**

**STAFF SIGNATURE and DATE:**