

COVINGTON OUTREACH ASSOCIATION (COA)

ASSISTANCE INTAKE SURVEY (2025)

Date: _____

Last Name : _____ First Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____ Birthdate: _____

Social Security #: _____ Driver's Lic #: _____

Please list **additional ADULTS** in household:

Name	Gender	Relationship (Husband, Wife, Partner, Friend, Grandparent, Adult Child)	Age	Date of Birth	Social Security Number (last four digits only)

What is your highest grade completed in school? _____ Do you have a high school diploma or GED? _____

Do you have a college degree or other post secondary education?

Secretarial, technical or vocational school? Yes ☐ No ☐

Are you receiving WIC Assistance? Yes ☐ No ☐ Are you receiving Cash Welfare Benefits? Yes ☐ No ☐

Would you like to be considered for our: Summertime Stock Up (Taxable items distribution) Yes ☐ No ☐

Back2School Program (school age children)? Yes ☐ No ☐

Christmas Program (for families and individuals)? Yes ☐ No ☐

Please list all **CHILDREN** in your household who live with you full time:

Name	Gender	School Name	Grade			Age	Date of Birth	Child's Soc. Sec. # (Last 4 digits Only)
			Ele	Mid	High			

Are your children eligible for the free school lunch program? Yes ☐ No ☐ Reduced School Lunch ☐

Employment Information:

Each Person Employed in household	Current Employer	Type of Work	# Years Employed	Employment Dates	Gross Monthly Salary	Recently Unemployed?
						Yes / No
						Yes / No
						Yes / No

No Household Income? Please explain on the next page how each Expense is paid.

Comments: _____

Household Financial Information

Monthly Income: Please list income next to each item.

Monthly Wages (Gross)	_____	Social Security Income	_____
Disability Income	_____	Child Support	_____
Student Loans	_____	Food Stamps	_____
Other Income	_____	(Please explain other Income)	_____

Monthly Expenses: Please list expenses next to each item.

*if you do not have household income please explain how each bill is paid (ie. family, agency)

Rent/ Mortgage	_____
AES / Electric	_____
CenterPoint/Propane	_____
Water Bill	_____
Car Payment	_____
Food/Groceries	_____
Auto Fuel	_____
Phone/Cable/Internet	_____
Childcare	_____
Medical Bills/Insurance	_____
Prescriptions	_____
Credit Cards	_____
Loans	_____
Child Support	_____
Other Expenses	_____
(Please explain other)	_____

I have read and do state that the above information is correct to the best of my knowledge. By signing this application I give permission to Covington Outreach Association, Inc. (COA) to verify any of the above information given and to share it with any other agency or church where I might seek assistance. _____ (Please initial)

Signature: _____ Date: _____

PLEASE UNDERSTAND OUR FOOD ASSISTANCE PROGRAM EXISTS TO ASSIST IN EMERGENCY SITUATIONS AND IS NOT INTENDED FOR CONTINUOUS USE. WE WILL LIMIT YOUR PARTICIPATION TO 8 TIMES (MONTHLY) PER CALENDAR YEAR.

Meijer Guidelines: I have read and understand the guidelines for Meijer Shopping for the COA Food Assistance program. I understand that if I do not comply with the guidelines that my participation in the program could result in a lowered allowance, suspension or termination.

Signature: _____ Date: _____

We follow the same income guidelines as H.E.A.P. listed below. For July 2024 - May 2025 the income levels are:

Size of Household	Total Household Income - 12 Months
1	up to \$26,355
2	up to \$35,770
3	up to \$45,185
4	up to \$54,600
5	up to \$64,015
6	up to \$73,430
7	up to \$82,845
8	up to \$90,515

Please include a copy of Identification, Proof of Residency (ie. Utility Bill) and Proof of Income (front page of previous year tax return or SSA Benefits letter) for each adult household member.

Covington Outreach Association

P.O. Box 125

Covington, Ohio 45318

937-541-5581 | neighbor@covingtonoutreach.org

**The COA is a 501(c)(3) charitable organization providing emergency food and financial assistance to residents of Covington, Ohio and its school district.*