

# COVINGTON OUTREACH ASSOCIATION (COA)

## ASSISTANCE INTAKE SURVEY (2023)

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<br>(Husband, Wife,<br>Partner, Friend,<br>Grandparent,<br>Adult Child) | Age | Date of Birth | Social Security<br>Number<br>(last four digits<br>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: 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 of School Attending |        |      | Age | Date of Birth | Child's Soc. Sec. #<br>(Last 4 digits Only) |
|------|--------|--------|--------------------------|--------|------|-----|---------------|---|
|      |        |        | Elem                     | Middle | 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 | 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     | _____ | Social Security Income        | _____ |
| Disability Income | _____ | Child Support                 | _____ |
| Student Loans     | _____ | Food Stamps                   | _____ |
| Other Income      | _____ | (Please explain other Income) | _____ |

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**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                              | _____ |
| CenterPoint                      | _____ |
| Water Bill                       | _____ |
| Car Payment                      | _____ |
| Food/Groceries                   | _____ |
| Auto Fuel                        | _____ |
| Phone/Cable                      | _____ |
| Childcare                        | _____ |
| Medical Bills                    | _____ |
| Prescriptions                    | _____ |
| Credit Cards                     | _____ |
| Loans                            | _____ |
| Child Support                    | _____ |
| Other Expenses                   | _____ |
| (Please explain other expenses:) | _____ |

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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.**

We follow the same income guidelines as H.E.A.P. listed below. For July 2022 - May 2023 the income levels are:

| Size of Household | Total Household Income - 12 Months |
|-------------------|------------------------------------|
| 1                 | up to \$23,782.50                  |
| 2                 | up to \$32,042.50                  |
| 3                 | up to \$40,302.50                  |
| 4                 | up to \$48,562.50                  |
| 5                 | up to \$56,822.50                  |
| 6                 | up to \$65,082.50                  |
| 7                 | up to \$73,342.50                  |
| 8                 | up to \$81,602.50                  |

For households with more than eight (8) members, add \$8,260 for each additional member.

**Please include a copy of Identification, Proof of Residency and Proof of Income for each adult household member.**

Covington Outreach Association  
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