

COVINGTON OUTREACH ASSOCIATION (COA)

ASSISTANCE INTAKE SURVEY (2022)

Date: _____

Last Name : _____ First Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____ Birthdate: _____

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

Please list **additional ADULTS** in household:

Office Use: FP/EFA/B2S/CHR

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

Household Financial Information

Monthly Income:

Monthly Wages _____
Social Security Income _____
Disability Income _____
Child Support _____
Student Loans _____
Food Stamps _____
Other Income _____

Monthly Expenses:

Rent/ Mortgage _____
DP&L _____
Vectren _____
Water Bill _____
Car Payment _____
Food/Groceries _____
Auto Fuel _____
Phone/Cable _____
Childcare _____
Medical Bills _____
Credit Cards _____
Child Support _____
Other Expenses _____

Explain Other:

Are you receiving WIC Assistance? Yes No

Are you receiving Cash Welfare Benefits? Yes No

Would you like to be considered for: Back2School Program? Yes No

Christmas Program? Yes No

**I have read and do state that the above information is correct to the best of m 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 THIS COMMUNITY PANTRY EXISTS TO ASSIST IN
EMERGENCY SITUATIONS AND IS NOT INTENDED FOR CONTINUOUS USE.**