



Grocery Relief is a Life Support ministry of New Covenant Church. It is intended for families in the Delano District, to provide a monthly box of food. Distribution will be the last Friday of the month from 5:00 -7:00 pm. Each food box will come with some staples as well as recipe/ingredients for two meals. Participation in the program is limited. Identification is required. We believe it is good for the soul to give back to the community. We request each client serve three hours of community service/month (client's choice).

Grocery Relief Application Date _____

Applicant Information

Full Name _____ Birth Date _____ Age _____ Sex _____
First Last

Spouse _____ Birth Date _____ Age _____ Sex _____
First Last

Address: _____
Street Address Apartment/Unit #
 _____ () _____
City ZIP Code Phone

Other members in household (children/adults) Add more on back if needed

Name _____ Birth Date _____ Age _____ Sex _____
 Name _____ Birth Date _____ Age _____ Sex _____
 Name _____ Birth Date _____ Age _____ Sex _____
 Name _____ Birth Date _____ Age _____ Sex _____

List Current Source(s) of Income

Source _____ Source _____
 Source _____ Source _____

Reason for applying for Grocery Relief and Signature

Check all that apply
 Waiting for Unemployment Waiting for Public Assistance High Medical or Utility bills
 Other _____

I certify that my answers are true and complete to the best of my knowledge.

Client Signature: _____ Date: _____

For New Covenant Use Only

Identification
 Notes _____

