

Caring Community Friends Application

12 W. Burnham, Sapulpa

e-mail to admin@CCFOK.org

or Fax 918-224-6436

Household Information:

Address: _____ City: _____ Zip Code: _____

Phone: _____ Last 4 Primary's Social Security #: _____

INCLUDE EVERYONE IN THE HOUSEHOLD/ADDRESS

NAME (FIRST AND LAST)	SEX	RELATIONSHIP	DATE OF BIRTH	RACE	DISABLED	VETERAN
				<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino Native American Tribe _____		
				<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino Native American Tribe _____		
				<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino Native American Tribe _____		
				<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino Native American Tribe _____		
				<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino Native American Tribe _____		

Total Household SNAP Amount _____ Disability _____ Amount _____

TOTAL HOUSEHOLD INCOME: _____ Week ____ Month ____ Year ____

I am experiencing financial hardship because of the COVID-19 threat. _____

I verify that the information provided is true and correct. _____

Signature _____

Date: _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;