LAFAYETTE URBAN MINISTRY

FOOD CARD ASSISTANCE APPLICATION FORM

DATE: ___/___/___ **PHONE**: _____ **EMAIL**: _____ **CASE/FILE #**: _____

APPLICANT NAME: _____

ADDRESS: _____ **CITY** _____ **ZIP** _____ **TOWNSHIP**: _____

PROOF OF RESIDENCE: ☐ Lease ☐ Utility Bill ☐ Mortgage Statement ☐ Government Correspondence

Name	**Relationship to Applicant**	**DOB**	**SNAP Verified?**	**SNAP Benefit Amount**
_____ PRINT _____ Applicant Signature	SELF	___/___/___	☐ Portal ☐ Letter	$
_____ PRINT		___/___/___	☐ Portal ☐ Letter	$
_____ PRINT		___/___/___	☐ Portal ☐ Letter	$
_____ PRINT		___/___/___	☐ Portal ☐ Letter	$
_____ PRINT		___/___/___	☐ Portal ☐ Letter	$
_____ PRINT		___/___/___	☐ Portal ☐ Letter	$
_____ PRINT		___/___/___	☐ Portal ☐ Letter	$
_____ PRINT		___/___/___	☐ Portal ☐ Letter	$
			Total Benefits	$

Lafayette Urban Ministry Food Card Assistance

Verified # of SNAP recipients in Household:	
	X $25
Total Assistance to be Provided	**$**

Advocate Signature: _____ Date: _____

Distribution of Gift Cards:

Gift Card Serial #'s (last 6 digits)	
Total Value:	**$**

Staff Signature: _____ Date: _____

Client Acknowledgement:

I certify the information provided on this form is correct and true to the best of my knowledge and belief. I acknowledge that I have received the gift cards as listed above.

Client Signature: _____ Date: _____