

P.O. Box 151	Sealston, VA	A 22547	540.693	.5000 (	phone/fa	ax)	
www.InfiniteActsofKindness.org							

## **Coronavirus (COVID-19) Emergency Assistance Program**

The program is designed to provide gift cards to **low-income single mothers** and their families to assist with purchasing groceries, household items and other necessities for their well-being during the Coronavirus pandemic. The distribution of the gift cards will be based on availability and eligibility.

First Name	Last Name	Date of Birth (month/day/year)	
Street Address	City	State/Zip	
Email Phone (home)		Phone (cell)	
Are you a Single Mother?	yesno No	o. of Children/Dependents:	
Marital Status:Never Mar	riedMarriedDivorced	Widowed	
Are you currently employed?	yesno If yes, name of	employer:	
		onthlyTwice a monthOther	
What is your pay schedule?	WeeklyBi-weeklyMo	nthlyTwice a monthOther	
Do you receive a housing choice	voucher (Section 8)?yes _	no	
Do you receive Supplemental N	utrition Assistance Program (SNAP)	/Food Stamps benefits?yesno	
Do you have internet access?	yesno		
How did you learn about IAK's C	Coronavirus (COVID-19) Emergency	Assistance Program?	
What are your specific needs du	rring the Coronavirus (COVID-19) pa	andemic?	
Racial Heritage (optional)	Native	( ) Black – Non Hispanic Origin	
Racial Heritage (optional) ( ) American Indian or Alaskan ( ) Asian or Pacific Islander	Native	()Black – Non Hispanic Origin ()Hispanic	

Signature:	Date:

Please return completed application to <u>Info@InfiniteActsOfKindness.org</u>. If you have any questions, feel free to contact 540-693-5000.