Epiphany Caring For Life: Application: Pack and Play or Car Seat

****Please fill out form *COMPLETELY* and return to:**
Epiphany Caring For Life, 1900 111th Ave. N.W., Coon Rapids, MN 55433,
612/803-2225 or fax 763/862- 4303

Date: _____
Approved by: _____
Denied for: _____
_____

I am interested in a (**circle one): PACK AND PLAY CAR SEAT**

Date:_____ How did you hear about Epiphany Caring For Life_____

Mother's Name:_____Mother's D.O.B. _____ Age: ____

Address: _____City: _____ Zip:_____

Phone(s): _____ E-mail: _____

Baby's due date or birth date: _____ Baby's gender: **BOY** or **GIRL**

FILL IN MONTHLY DOLLAR AMOUNTS (NO X'S, DASHES, CHECK MARKS)
IF ZERO PLEASE WRITE IN ZERO

Monthly Income		**Monthly Expenses**			
Employment	**$**	**Housing**	**$**	**Car Payment**	**$**
MFIP	**$**	**Cell Phone**	**$**	**Internet**	**$**
Food Support	**$**	**Cable**	**$**	**Entertainment**	**$**
Social Security	**$**				
Total Income	**$**			**Total Expenses**	**$**

Race	African American_____	African African_____	White___	American Indian_____
	American Indian_____	Asia/Pacific Islander____	Mixed Race/Other_____	
Ethnicity	Hispanic_____	Not Hispanic_____		
Marital Status	Not Married____	Married_____	Separated___	Divorced_____
People in your home	Number of Children_____	Number of Adults_____		

Why are you seeking assistance? Have you tried other sources? Please write down any special circumstances or medical conditions?

Epiphany Caring For Life is a non-profit organization which is partially funded by Positive Alternatives Grant. ECL provides assistance to low-income pregnant women. I understand that the approval is subject to the decision of this agency and the availability of items. I authorize any person or agency to release information about my assets or liabilities, including public health nurses, to this agency for the purposes of confirming my financial need. I certify that the information that I have provided on this application is true.

*****Client Signature:* _____ *8/4/17***