

## Epiphany Caring For Life: Pack N Play Application

Date: _____
Approved by: _____
Denied for: _____

**\*\*Please fill out form COMPLETELY and return to:**

**Epiphany Caring For Life, 1900 111<sup>th</sup> Ave. N.W., Coon Rapids, MN 55433,**  
**612/803-2225 or fax 763/862- 4303**

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		
<b>Employment</b>	\$	_____	<b>Housing</b>	\$	_____
<b>MFIP</b>	\$	_____	<b>Cell Phone</b>	\$	_____
<b>Food Support</b>	\$	_____	<b>Cable</b>	\$	_____
<b>Social Security</b>	\$	_____	<b>Car Payment</b>	\$	_____
<b>Total Income</b>	\$	_____	<b>Total Expenses</b>	\$	_____

<b>Race</b>	African American _____	African African _____	White _____	American Indian _____
<b>Ethnicity</b>	American Indian _____	Asia/Pacific Islander _____	Multiracial _____	
<b>Marital Status</b>	Hispanic _____	Not Hispanic _____		
<b>People in your home</b>	Not Married _____	Married _____	Separated _____	Divorced _____
	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. 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:** \_\_\_\_\_