

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	\$	_____
MFIP	\$	_____	Cell Phone	\$	_____
Food Support	\$	_____	Cable	\$	_____
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 _____	Ages 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:** _____

3/9/21