

**Canfield Rotary COVID-19 Response Program
APPLICATION FOR FOOD ASSISTANCE
FOR CANFIELD CITY AND TOWNSHIP RESIDENTS**

APPLICANT INFORMATION

NAME:

CURRENT ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

CELL PHONE:

BIRTHDATE:

EMAIL ADDRESS:

EMPLOYER (CURRENT OR MOST RECENT):

EMPLOYER ADDRESS:

EMPLOYER CONTACT PERSON:

WORK STATUS: LAID OFF _____ FURLOUGHED _____ REDUCTION OF HOURS _____ OTHER _____

AVAILABLE FINANCIAL RESOURCES (I.E. SNAP, UNEMPLOYMENT):

NO. OF OCCUPANTS AT HOME: ADULT: CHILDREN: AGES:

HOW HAS COVID-19 AFFECTED YOU? (PLEASE DESCRIBE)

I certify that I lack the financial resources to meet my household's basic needs.

Signature of applicant

Date

PLEASE COMPLETE THE FORM AND DROP OFF IN THE CURBSIDE DROPBOX AT
CANFIELD FIRE STATION #2, 7075 HERBERT RD., CANFIELD, OH
OR MAIL TO CANFIELD ROTARY FOUNDATION AT PO BOX 11, CANFIELD, OH 44406.

APPLICATIONS WILL BE REVIEWED WITHIN 3 TO 5 DAYS.
YOU WILL BE NOTIFIED BY PHONE IF YOU QUALIFY FOR ASSISTANCE.

ALL INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL BY CANFIELD ROTARY.

FOR QUESTIONS, CALL 330-720-2672 BETWEEN THE HOURS OF 10AM AND 2PM
OR VISIT WWW.CANFIELDROTARYCOVID.COM