

Caring Community Friends Application

12 W. Burnham, Sapulpa
 e-mail to admin@CCFOK.org
 or Fax 918-224-6436

Household Information:

Address: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Last 4 Primary's Social Security #:** _____

INCLUDE EVERYONE IN THE HOUSEHOLD/ADDRESS

NAME (FIRST AND LAST)	SEX	RELATIONSHIP	DATE OF BIRTH	RACE	DISABLED	VETERAN

Total Household SNAP Amount _____ **Disability** _____ **Amount** _____

TOTAL HOUSEHOLD INCOME: _____ Week __ Month __ Year

I am experiencing financial hardship because of the COVID-19 threat. _____

I verify that the information provided is true and correct. _____ *to apply a digital signature, you must download a copy of this form

Digital Signature _____ **Date:** _____

or initial here: _____

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