

Chesapeake City Ecumenical Association (CCEA)

Outreach Assistance Application

If requested by you form may be faxed to other organizations, write clearly using a dark pen.

*You must live between Frenchtown Rd and the Bohemia River, to receive financial assistance.
To receive Food Pantry assistance, you must live between Rt 40 in Elkton and the Sassafrass River*

Complete Entire Form

ID Required _____

Date: _____

Please Print:

New: ___ Repeat: ___

Name: _____
(Last) (First) (M.I.)

Address: _____
(Street)

(City) (State) (Zip)

(Phone) Home Cell Work

Email Address

DOB _____

Sex: M F (circle on)

Age: _____

of Adults in Household _____

of Children in Household _____

List All Household Members:

	Name	Sex:	DOB/Age	Relationship
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Referred by: _____

Phone #: _____

Income: (Monthly Average)

Employment Self	
Employer	
Spouse/Partner	
Employer	
AFDC	
Food Stamps	
Social Security	
Disability	
Unemployment	
Pension	
Income from other:	
Family members	
Other sources	
Total Income	

Expense: (Monthly Average)

Rent/Mortgage	
Water/Sewer	
Electric/Gas	
Heat/Oil	
Daycare	
Monthly Food Bill	
Phone	
Other	
Total Expenses	

(CONTINUED ON OTHER SIDE)

Reason for assistance: _____
(Include copy of invoice)

Have you been to Social Services Yes No (circle one)
If YES what is the status: _____

If requesting **Food**: Check items you have:
Microwave _____ Oven _____ Refrigerator _____ Coffee Maker

If requesting **Rental Assistance**:
Name of Landlord: _____
Address of Landlord: _____
Phone # of Landlord: _____
Fax # of Landlord: _____

Do you have an eviction notice? Yes No (circle one)

If requesting **Electric or Fuel**:
Have you been to CHAP or MEAP? Yes No (circle one)
If YES, what is the status? _____

Do you have a shut off notice? Yes No (circle one)

What other commitments for funds from other agencies have you obtained?

Information contained in this application is TRUE* to the best of my knowledge.
I have given the CCEA staff permission for this information to be verified.
* [Declaration under Penalty and Perjury](#)

**The completed form can be faxed to (866)922-6674 or
Email to outreach@ccea4u.com**

Optional information: Are you affiliated with a church, if so which one: _____
Would you like to be contacted by a Pastor or Deacon? _____ Religion: _____
Do you have a problem with addiction? Yes or No Would you like help? Yes or No

WAIVER OF LIABILITY

- The Chesapeake City Ecumenical Association, Inc. (CCEA), et al, and the original donor expressly disclaim any implied warranties of merchantability or fitness for a particular use.
- There have been no express warranties in relation to this gift of product.
- The recipient releases both the principal donor and the CCEA, et al, from liability resulting from the condition of the donated product and further agrees to indemnify and hold harmless, the CCEA et al, and the original donor, against any liabilities, damages, losses, claims, causes of action and suits of law or inequity.
- Accept all food and other items received from or through the CCEA as is and may not return the items once taken or delivered from the CCEA.

Signature _____ Date _____

The CCEA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information should contact the CCEA at 410-885-3244.