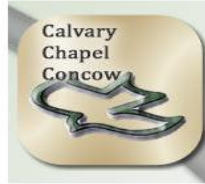


CALVARY CHAPEL | CONCOW

P. O. Box 4115, Yankee Hill, CA 95965
 530.589.0877
calvaryconcow@hughes.net
<http://www.calvaryconcow.org/>



Plentiful Harvest

Application for Assistance

plentiful.harvest@yahoo.com

Last Name _____ First Name _____ Phone _____

Address _____ City _____ Zip _____

Family Members Living in Home (include yourself):

Last Name	First Name	Date of Birth

Total Monthly Family Income (from all sources): \$ _____ | Food Stamps: \$ _____

Do you receive monthly assistance from another food pantry: Yes ___ | No ___

Do you receive WIC? Yes ___ | No ___

Please describe your current situation which necessitates supplemental food assistance:

How were you referred to this program? _____

I understand that assistance from Calvary Chapel | Concow's Plentiful Harvest food ministry is contingent upon resources available and the number of families in need.

I further agree to release Calvary Chapel | Concow and Plentiful Harvest from any and all liability resulting from any assistance or food I receive.

Applicant's Signature _____

Date _____

HOUSEHOLD SIZE	MONTHLY HOUSEHOLD INCOME	ANNUAL HOUSEHOLD INCOME
1	\$1,354	\$16,245
2	\$1,821	\$21,855
3	\$2,289	\$27,465
4	\$2,756	\$33,075
5	\$3,224	\$38,685
6	\$3,691	\$44,295
7	\$4,159	\$49,905
8	\$4,626	\$55,515
9	\$5,094	\$61,125
10	\$5,561	\$66,735
Over 10	Add \$468 each	Add \$5610 each
Revised 04/09		

**** Reapplication will be necessary after 12 months to continue further assistance in this program. ****

Please note that the first cycle of eligibility is three (3) months.