

OPEN YOUR HEART - 2024
APPLICATION FORM FOR BURLEIGH COUNTY RESIDENTS ONLY

Email: openyourheartmidco@gmail.com Phone: 701-751-4069
COMPLETE AND RETURN THIS FORM BY OCTOBER 18, 2024
(PRINT Everything Clearly)

Name: _____
Has this changed from last year? Yes _____ No _____ Previous Name: _____

Check One: ___ Married ___ Single ___ Divorced ___ Separated ___ Widow ___ Widower

Full Address (including City, State, zip) and Delivery Instructions [please **PRINT**]: _____

_____ Has this changed from last year Yes _____ No _____

Home Phone No: _____ Cell Phone No: _____

Do you want an Open Your Heart food basket this year? Yes _____ No _____

Do you have children ages **5-15** that are in need of clothing this year? Yes _____ No _____

Please list all children ages **5-15** **by name, age, & birthdate**: 1. _____

2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____

Please use reverse for additional children.

Total number of persons currently live in your household: Family _____ Non-family _____

Are you working? Yes _____ No _____ Where? _____

List by Full Name and age of all others staying in your household who are working: _____

Are you receiving assistance? Yes _____ or No _____ Put an X by the assistance that the household receives and enter the dollar amount that is received:

TANF ___ \$ _____ SSI ___ \$ _____ WIC ___ \$ _____ VA ___ \$ _____

Food Stamps ___ \$ _____ Social Security ___ \$ _____ Medical ___ \$ _____

Disability ___ \$ _____ Child Support ___ \$ _____ Unemployment ___ \$ _____

Training Allowance ___ \$ _____ School Grant/Loan ___ \$ _____ Fuel Assistance ___ \$ _____

Healthy Steps ___ \$ _____ Working Parents (Child's coverage only) ___ \$ _____

Other ___ (Describe) _____

Are you residing in Low Income Housing or receiving housing assistance? Yes _____ No _____

Please enter the dollar amount of housing rent or assistance that you receive \$ _____

Please write down anything else you would like us to know about your situation? Please use back of form.

If you are a client of an agency that provides assistance, please have the agency representative sign the bottom of this form prior to sending to the address below.

THIS INFORMATION WILL BE SHARED WITH OTHER AGENCIES

Referred by: _____ Agency: _____
Printed _____ Signed _____