

OPEN YOUR HEART - 2023
APPLICATION FORM FOR BURLEIGH COUNTY RESIDENTS ONLY

Email: openyourheartmidco@gmail.com Phone: 701-751-4069
COMPLETE AND RETURN THIS FORM BY OCTOBER 20, 2023
(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 _____

If yes, why the need for food or clothing? _____

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

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.

THIS INFORMATION WILL BE SHARED WITH OTHER AGENCIES

Referred by: _____ Agency: _____

Open Your Heart, American Legion, PO Box 753, Bismarck, ND 58502-0753 Phone: 701-751-4069