



**City Mission Ministries**

909-649-0011 San Bernardino City Mission  
951-341-5055 Riverside City Mission

# Outreach Program Application Instructions

**Please provide the following with each application:**

<b>1</b>	<b>PROOF OF RENT (PRUEBA DE ALQUILER)</b> Rent contract showing amount or receipt showing amount
<b>2</b>	<b>PROOF OF INCOME (PRUEBA DE INGRESOS)</b> one of the following: check stub; pension letters, SSI letter; unemployment verification or bank statement showing direct deposit
<b>3</b>	<b>PICTURE ID (ID de imagen) IDENTIFICATION</b> must be provided for everyone 18 and over.
<b>4</b>	<b>ID FOR EACH CHILD UNDER THE AGE OF 18 LIVING IN YOUR HOME (IDENTIFICACIÓN PARA CADA NIÑO MENOR DE 18 AÑOS QUE VIVE EN SU HOGAR)</b> (one of the following: Birth Certificate; Medical Immunization Card OR Medical Card)

If you submit your application **WITHOUT ALL** the components attached it will be immediately declined.

**Return the completed form and documents by EMAIL, and MAIL**

**26200 Date Street,  
Highland, CA 92346**

**Riverside City Mission  
951.341.5055  
rcitymission@aol.com**

**San Bernardino City Mission  
909.649.0011  
sbcitymission@aol.com**

Once your application is approved you will receive a phone call assigning you a **Client Number**. On designated days (see monthly calendar for dates), you must call or go online to sign up for the Family Food Box meals using your **Client Number**.

After signing up for a Family Food Box, you will receive an assigned day for your delivery. An adult must be present to receive a Family Food Box or you will forfeit your box until the next delivery date. You are required to keep your account updated with current information in order to continue your eligibility in the **Family Food Box Program**.

All others services are provided through various Outreach programs.

This **FREE** program is not sponsored by any government organization, therefore we are not City run. We are funded through the generous gifts of individuals who want to help the needy. Though we will help as many people as possible, at times we are forced to refuse service for reasons such as bad attitudes, inappropriate language, danger to other

**This application is to receive FREE clothing, Household items, Hygiene, Bags of Hope or Family Food Box Programs**

Application Date: \_\_\_\_\_



# City Mission OUTREACH PROGRAM Qualifying Application

Clients City/Category: \_\_\_\_\_

- Name (First, Last): \_\_\_\_\_ Are you legally disabled? \_\_\_\_\_
- Explain your disability? \_\_\_\_\_
- Do you own your house or rent? \_\_\_\_\_ How much are your payments? \_\_\_\_\_ Homeless (Yes or No)? \_\_\_\_\_
- What form of transportation do you use? \_\_\_\_\_ If a vehicle, what Year and Make is it? \_\_\_\_\_  
Are you making payments on it? How much? \_\_\_\_\_ How many people live in your home? \_\_\_\_\_
- Are you retired? \_\_\_\_\_ Monthly income? (including SSI) \_\_\_\_\_ Income of entire household? \_\_\_\_\_

**Please list all in your household — YOUR IMMEDIATE FAMILY.  
Include yourself but NO cousins, NO friend's children, NO neighbors.**

FIRST & LAST NAME	DATE OF BIRTH	M	F

Office Notes: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  House in Rear  Mobil

Cross Street: \_\_\_\_\_ OTHER LANDMARKS \_\_\_\_\_

Apt Name: \_\_\_\_\_ Apt # \_\_\_\_\_ BLDG # \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you live in a gated community? Y or N What is the GATE access number? \_\_\_\_\_ Upstairs: Y or N

**Initial Each Box below**

I understand that if an attempt is made to deliver a pre-scheduled food box to my home address, and I am not there to receive it, or **I do not hear the volunteer knocking on my door,** I forfeit it for 30 days.

Only one food box per family, per address. You must call City Mission once a month to order your Food Box.

If I live in a gated community... I agree to watch for the delivery driver... and should they not be able to get in the gate, I understand that I must forfeit the box.

**Please see reverse side for Application and Food Box Instructions.**

CLIENT SIGNATURE and DATE: \_\_\_\_\_

STAFF SIGNATURE and DATE: \_\_\_\_\_