



## DSAGT COVID-19 Relief Fund Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of residence \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Do you have a family member with Ds? \_\_\_\_\_ Name of person with DS \_\_\_\_\_

### Grantor Reporting Demographics

Date of Birth: \_\_\_\_\_

Household size: \_\_\_\_\_

Gender Identity:

- Female
- Male
- Other: \_\_\_\_\_

Race/Ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic Latino or Spanish Origin
- Middle Eastern or North African
- Native Hawaiian or other Pacific Islander
- White
- Other \_\_\_\_\_



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[DSATOLEDO](https://www.instagram.com/dsatoledo)

**Education Level:**

- Did not finish High school
- High School diploma/GED
- Skilled trade or certification
- Attended college but did not complete degree
- Associates Degree
- Bachelors Degree
- Masters Degree
- Doctoral or Professional Degree
- N/A

**Are you currently employed:**

- Yes
- No

**Household income:** \_\_\_\_\_

**Veteran Status:**

- Veteran
- Non Veteran

**Do you receive any of the following public assistance?**

- Food Assistance (Food stamps, SNAP, TANF)
- Cash Assistance
- Medical Assistance (Medicaid, Medicare, CHP)
- Unemployment Benefits
- Other: \_\_\_\_\_

**Select any of your benefits that have increased due to COVID-19 (Corona Virus)**

- Food Assistance
- Cash Assistance
- Stimulus check
- Medical Assistance
- Unemployment Benefits

Please return completed application to [krista@dsagt.org](mailto:krista@dsagt.org) or mail it to PO Box 298 Sylvania, OH 43560

