



INDEPENDENCE

★ HEALTH AND ANIMAL SERVICES ★

Health Disparities Initiative

The City of Independence Health and Animal Services Department is offering **free subscriptions to grocery delivery services** to qualified Independence residents. Eligible individuals include those with low-income, affected by disabilities, or currently affected by COVID-19. Receiving assistance from another government program may make you eligible. Groceries are not included with the grocery delivery service subscription.

If you receive other assistance from one of the listed programs below, please provide documentation with this application. If a family member currently has COVID-19, please provide their test results.

Questions? Call us at 816-325-7986

Application Form

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Date of Birth: ____/____/____

Do you have access to a computer and stable Internet? Yes No

How many people live in your household (Including yourself): _____

What language do you speak at home? English Spanish Other: _____

Race/Ethnicity:

White Black or African American Native Hawaiian or other Pacific Islander

Asian Hispanic or Latino American Indian or Alaskan Native

Other (please specify): _____

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During the past 12 months, what was the total combined income of all members of your household before taxes:

- | | | |
|---|--|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$25,000-\$34,999 | <input type="checkbox"/> \$65,000-\$74,999 |
| <input type="checkbox"/> \$10,000-\$14,999 | <input type="checkbox"/> \$35,000-\$49,999 | <input type="checkbox"/> \$75,000-\$99,000 |
| <input type="checkbox"/> \$15,000-\$24,999 | <input type="checkbox"/> \$50,000-\$64,999 | <input type="checkbox"/> greater than \$100,000 |

Please provide documentation for the following

Do you receive assistance from any of these programs:

- | | | |
|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> WIC | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> SNAP | <input type="checkbox"/> Disability | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Medicare | | |

Does someone in your household currently have COVID-19? Yes No

If a family member currently has COVID-19, provide the positive COVID-19 test results with this application.

Pick the service that you would prefer. Hy-Vee+ has zero fees, but you can only order from Hy-Vee and **Hy-Vee does not accept EBT** as payment for delivery at this time. Instacart+ allows for food to be **purchased with EBT** and delivered from stores like Aldi and Price Chopper, but has a small service fee on each delivery Instacart+ Hy-Vee+

Please return this application to the City of Independence Health Department: Second floor of City Hall to the right of the elevators

111 E. Maple Avenue, Independence, MO 64050

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