FLEX Application "Mail In"

Welcome to JUMP's new mail in FLEX application to receive assistance. Every three months participants in need can mail in their completed FLEX application with a copy of Proof of residency; OPEN current heating or electricity UTILITY BILL showing date, name, address and account to determine residency **or** Valid Vermont State ID with matching address and reachable phone number to be contacted. If requesting Shell Gas Card; must provide proof, a photocopy of the "valid car registration with matching address and a photo the VT State ID of all names on the car registration"

Return address: JUMP. PO Box 1657. Burlington. VT 05402



Once reached by phone and confirmed, the participant will receive by mail in 2-4 days a \$30 Hannaford, \$30 City Market or \$25 Shell gas card to purchase groceries, transportation gas assistance, cleaning supplies, prescription co-pay and basic essential goods. *NOTE*, *currently*, *JUMP* is only able to provide assistance to clients with proof of residency.

<u>To successfully apply</u> for **FLEX assistance** please complete the form below and return with "Proof of Residency, Utility Bill or VT State ID. And if required proof of valid car registration.

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Select ONLY one:	\$30 Hannaford	\$30 City Market	\$25 Shell gas card
PLEASE PRINT CLEAR Name:			
Residency Address:			
		Zip Code:	
Phone Number(s):	E	E-Mail:	
DOB:	Last 4 digits SS#	# Sex: F_	M O
Do you pay utility bills,	if yes, please list or	ne or more?	
Number of Adults in ho Number of Children in		elf and spouse/partner: ge 18 yrs:	
UTILITY BILL open to	show date, name, a	rn by mailProof of residend address and account to dete And if required proof of valid	
residency and if warranted a valid car registration is not red Limited Permission to Relea agreement that JUMP may (1)	valid copy of car registration ceived your request will be ase Information: By to sure the confirming assist you directly and the confirming assist your directly and the confirming assist your directly assist your directly and the confirming assist your directly as a second your directly as a s	n. BECAUSE, if the application is no denied. bmitting the "Flex application" for assormation about you given on the requ	we included a copy your valid proof of of ot complete and/or if warranted proof of sistance indicates your understanding and uest form, and (2) share this information. This permission expires in one year from
Requestor Signature	:		Date: