

Columbia Center for Urban Agriculture

PO Box 1742 Columbia, MO 65205 ColumbiaUrbanAg.org

573-529-2756 Saxon@ColumbiaUrbanAg.org

## OPPORTUNITY GARDEN APPLICATION

Name:		Phone #1: Phone #2:					
Physical Address (Garden will be located here):		City, State, ZIP Code:					
Email Address:							
Name of household members (Include yourself)		e/ nicity:	Age:	Gender:	Lives in Visits & House: Eats Meals (Check one)		
DEMOGRAPHIC INFORMATION							
1. Is there anyone with special needs living in If yes, please explain:	your hou	sehold?	□ Ye	es 🗆 l	No		
2. Monthly Income:		An	nual Inc	ome:			
3. Do you or anyone in your family qualify fo apply): WIC/EBT/Medicaid/Medicare/Disab							
4. Do you rent or own your home?	Rent	Own					
If you rent, do you do you rent from the Columbia Housing Authority/CHA?	Yes	No					

Signature: Date:	
Initial  I attest that the above information is true to the best	of my knowledge.
I understand that a pre-installation site visit by CCUA staff will d other factors critical to raising a garden. I agree that the ultimate ment is solely held by CCUA staff.	1 0
10. How did you hear about the Opportunity Gardens Program?	
9. When are the best times to contact you and schedule your evalua	tion and planning session?
8. What are some of the vegetables you dislike or are allergic to?	
7. What are some of the foods you would specifically like to grow?	
GOALS  6. State a goal you will work on while participating in Opportunity	Gardens.
	_
6. What languages are spoken in your home?	
5. Are you a refugee or immigrant from another country? Yes If yes, from which country?	

Please return application to the Columbia Center for Urban Agriculture by mail at: PO Box 1742, Columbia, MO 65205

If you have any questions or to drop off in person please call: (573) 529-2756, or email Saxon@ColumbiaUrbanAg.org





