



**2018 • OPPORTUNITY GARDEN APPLICATION**

|  |                               |
|--|-------------------------------|
| <b>Name:</b>   | <b>Home Phone:</b>            |
|  | <b>Work Phone:</b>            |
|  | <b>Cell Phone:</b>            |
| <b>Physical Address (Garden will be located here):</b> | <b>City, State, ZIP Code:</b> |

**Email Address:**

| Name of household members<br>(Include yourself) | Race/<br>Ethnicity: | Age: | Gender: | Lives in<br>House:<br>(Check one) | Visits &<br>Eats Meals   |
|---|---------------------|------|---------|-----------------------------------|--------------------------|
|   |                     |      |         | <input type="checkbox"/>          | <input type="checkbox"/> |
|   |                     |      |         | <input type="checkbox"/>          | <input type="checkbox"/> |
|   |                     |      |         | <input type="checkbox"/>          | <input type="checkbox"/> |
|   |                     |      |         | <input type="checkbox"/>          | <input type="checkbox"/> |
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|   |                     |      |         | <input type="checkbox"/>          | <input type="checkbox"/> |
|   |                     |      |         | <input type="checkbox"/>          | <input type="checkbox"/> |

**DEMOGRAPHIC INFORMATION**

1. Is there anyone with special needs living in your household?  Yes  No

If yes, please explain:

\_\_\_\_\_

2. Monthly Income: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Please provide proper documentation when possible.

Do you or anyone in your family qualify for WIC/EBT/Medicaid/Medicare/Disability/ Social Security?  Yes  No

Please explain: \_\_\_\_\_

Do you live in Columbia Public Housing?  Yes  No  
 If No: Do you rent or own your home? RENT OWN

4. Are you a refugee or immigrant from another country?  Yes  No

If yes, from which country? \_\_\_\_\_

5. Do we need translation assistance?

Yes  No

Language \_\_\_\_\_

### GOALS

6. State a goal you will work on while participating in Opportunity Gardens.

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7. What are some of the foods you would specifically like to grow?

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8. What are some of the vegetables you dislike or are allergic to?

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9. When are the best times to contact you and schedule your evaluation and planning session?

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10. How did you hear about the Opportunity Gardens Program?

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I understand that a pre-installation site visit by CCUA staff will determine if I have the space, sunlight, and other factors critical to raising a garden. I agree that the ultimate decision to install a garden and its placement is solely held by CCUA staff.

**Initial**

\_\_\_\_\_ *I attest that the above information is true to the best of my knowledge.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return application to the Columbia Center for Urban Agriculture by mail at:**

**PO Box 1742, Columbia, MO 65205**

**or in person at our office:**

**1007 N. College Ave. Suite 1, Columbia, MO 65201**

**If you have any questions, please call (573) 514-4174, or email [og@ColumbiaUrbanAg.org](mailto:og@ColumbiaUrbanAg.org).**