



2019 • OPPORTUNITY GARDEN APPLICATION

Name:	Home Phone:
	Work Phone:
	Cell Phone:
Physical Address (Garden will be located here):	City, State, ZIP Code:

Email Address:

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

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

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

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

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

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.