



# APPLICATION FOR NUTRITION FINANCIAL ASSISTANCE

City and County of Broomfield Senior Services



The Nutrition Assistance Program provides financial support to low-income older adults (60+) for the Meals on Wheels and Lakeshore Cafe programs at the Broomfield Community Center. Financial assistance is provided through either a 50% or 100% discount on meals.

This program is **NOT** intended for financial assistance for nutrition programs outside of Meals on Wheels and Lakeshore Cafe. All Nutrition Financial Assistance awardees must complete an updated application annually to continue receiving assistance.

Please return the application to Broomfield Senior Services, Attn: Resource Coordinator, at 280 Spader Way, Broomfield, CO 80020. For questions, please call 303-464-5529 or email [lclensen@broomfield.org](mailto:lclensen@broomfield.org).

## APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt/Lot # \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

## REQUEST DETAILS

Please select which nutrition program(s) you are requesting assistance with:

- Broomfield Meals on Wheels: Meals delivered to your home.
- Broomfield Lakeshore Cafe: Meals served in person at the Broomfield Community Center.

## CURRENT ASSISTANCE PROGRAMS

Please check all programs you are currently enrolled in:

- Social Security Benefits (SSI/SSDI)
- Medicaid
- Medicare Savings Program
- Housing Assistance (Voucher, TBRA)
- SNAP (Food Stamps)
- Veteran Benefits (VA)
- Medicaid Waiver Services
- Other: \_\_\_\_\_

**FINANCIAL ELIGIBILITY**

This program is for seniors whose **gross household income is at or below 40% of the Area Median Income (AMI)** for Broomfield County. For eligibility purposes, “household” refers to the applicant and any individuals they are financially responsible for.

**MONTHLY INCOME LIMITS**

BROOMFIELD AMI	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON
40%	\$3,270	\$3,737	\$4,203	\$4,670	\$5,047
30%	\$2,453	\$2,803	\$3,153	\$3,503	\$3,785

Please complete the section below to help determine your eligibility:

Number of household members you are financially responsible for (including yourself): \_\_\_\_\_

Total gross monthly income for all household members listed above (before taxes): \$\_\_\_\_\_

Sources of income (check all that apply):  Social Security  SSI/SSDI  Pension

Employment  VA Benefits  Other: \_\_\_\_\_

**AGREEMENT & SIGNATURE**

I, the applicant, understand that if I am approved for financial assistance from Senior Resources of Broomfield, Inc., Broomfield Community Foundation, Broomfield Rotary, or other charitable organization, the funds will be paid directly to the vendor providing services, not to me personally.

I, the applicant, understand the vendor **MUST** agree to provide the services fully and completely, **PRIOR** to payment, and that it is my responsibility to coordinate the services with the vendor.

I, the applicant, indemnify and hold City and County of Broomfield, Senior Resources of Broomfield, Inc, Broomfield Community Foundation, Broomfield Rotary, or other charitable funding organization harmless from any and all claims, disputes, liabilities, or causes of action arising out of the agreement to provide assistance or the providing of financial assistance, or arising out of services and goods sold or provided to recipients of financial assistance.

My signature below indicates my agreement to these statements and attests that the information provided in this application is true and accurate to the best of my knowledge.

**I understand that submitting an application does not guarantee approval, and that this program is for nutrition services through Broomfield Senior Services only.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>FOR STAFF USE ONLY</b>	
Request Approved	Y N
Approved Amount:	50% 100%
Approved By:	_____
Date:	_____
Comments:	_____