

City of Tucker/NETWorks Cooperative Ministry
CARES Act Food Distribution

I attest that I meet one of the following criteria required to receive food under the CARES Act:

Please check all that apply.

I am 65 years of age or older

I have one of the following medical conditions: cancer, chronic kidney disease, COPD, an immunocompromised state due to organ transplant, obesity, serious heart condition, sickle cell disease, or type 2 diabetes, asthma, cerebrovascular disease, cystic fibrosis, hypertension/high blood pressure, weakened immune system due to blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines, neurologic disease (such as dementia), liver disease, pregnancy, pulmonary fibrosis, smoking, thalassemia, type 1 diabetes.

I have had my income significantly reduced by COVID-19.

I have had my personal living expenses significantly increased by COVID-19 either by having children home from school, working from home, or caring for others that I normally wouldn't be caring for in my home or other COVID-related changes.

By signing below, I agree that I will not sell any of the items received during this distribution.

Print Name:

Sign Name:

Date:
