



Main Office
405 N. Elm Street, Lumberton NC 28358
910.277.3500
www.scapnc.org

Applicant Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Date of Birth: _____

Gender: _____ Ethnicity: _____

Marial Status: Married Single
(Circle One) Divorced Separated

Please include all household members related by
Blood/marriage/adoption Total Family Members:

Table with 5 columns: Name, DOB, Relationship, Gender, and an empty column. It contains 6 rows for listing family members.

Contact Phone Number: _____

Alternative Contact Information: _____

Are you employed: **Yes/No**

How were you affected by COVID-19

What services are you seeking due to the COVID-19 Pandemic?

Signature: _____

Date: _____

Office Use Only

Eligible for Duke Endowment COVID-19 Support Funding – YES/NO

If Yes

Please complete the Duke Endowment COVID Support Program Report 2021

Name of Intake Staff _____

If No was customer referred to other community services – Yes/No

What program/agency: _____