



## Cutting Costs Program Application

Cutting Costs helps to offset costs associated with purchasing gluten-free foods. If you can use help in this area, we are here to assist you. Please complete this application. Once you fill it out, you can either complete the PDF and email it back or scan and attach it to an email to [CARESAdmin@GIGcares.org](mailto:CARESAdmin@GIGcares.org), fax it to 253-833-6675, or mail it to us at:

GIG CARES  
c/o Gluten Intolerance Group  
31214 124th Ave SE  
Auburn, WA 98092

All information on this application is confidential, except the "Your Story" box below if the "Yes" box is checked. Filling out this application is not a guarantee of admission to the Cutting Costs program. GIG Cares reserves the right to approve applicants at its sole discretion.

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

The total number of individuals in household: \_\_\_\_\_

The total number of people in the household who need to follow a gluten-free diet? \_\_\_\_\_

Total Household Gross Income. GIG Cares may request verification of income prior to awarding assistance.

- |   |  |
|---|--|
| <input type="checkbox"/> \$58,662 or greater  | <input type="checkbox"/> \$43, 997 to \$58,661 |
| <input type="checkbox"/> \$29,332 to \$43,996 | <input type="checkbox"/> \$14,666 to \$29,331  |
| <input type="checkbox"/> \$14,665 or less     |  |

Do you receive any other form(s) of food assistance (examples: SNAP, WIC, CSFP, or SFMNP)?

- Yes       No

If yes, it would be helpful to submit proof of food assistance along with this application.

Please list the form(s) of food assistance below:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Read each of the following statements and select the answer that is most applicable to your situation.**

1. Statement: "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."

In the last 12 months, how true is this statement for you/your household?

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Often true | <input type="checkbox"/> Sometimes true |
| <input type="checkbox"/> Never true | <input type="checkbox"/> Don't know     |



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2. Statement: "(I/we) couldn't afford to eat balanced meals."

In the last 12 months, how true is this statement for you/your household?

- Often true
- Sometimes true
- Never true
- Don't know

3. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes, → How often did this happen?
  - Almost every month
  - Some months but not every month
  - Only 1 or 2 months
  - Don't Know
- No
- Don't Know

4. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes
- No
- Don't Know

5. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes
- No
- Don't Know

Your Story: **This section is optional.** If you would like, please share your story on how acceptance into the Cutting Costs Program would help with your situation or what it would mean to you.

GIG Cares is allowed to share my story written in the box below publicly:  Yes  No

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

Thank you for applying to the Cutting Costs program. GIG Cares about you and your health and strives to help everyone living gluten-free to eat well. Any additional documentation that will help us understand your situation will be helpful for our decision.

We will be in touch shortly,  
The GIG Cares Team