

## Pandemic Relief Funds Sub-committee

### NJEA Pandemic Relief: Food Assistance Application

(This application is confidential and will not be shared with members of your Local or County. You must print & sign this application and mail or email it to NJEA at the address below. For confidentiality reasons, do NOT fax this form back to NJEA.)

Name: \_\_\_\_\_ Member ID# \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_  
Local: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

1. Please describe in your own words how the COVID-19 pandemic has led to your family experiencing food insecurity. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How many dependents do you have? \_\_\_\_\_

3. How many people live in your household? \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**\*\*\*Please mail this application to:**

**New Jersey Education Association  
Attn: Accounting Department – Pandemic Relief  
180 W State Street  
PO Box 1211  
Trenton, NJ 08607-1211**

Or email to: [pandemicrelief@njea.org](mailto:pandemicrelief@njea.org)