



Long Beach Community Action Partnership COVID-19 IMPACT & DECLARATION STATEMENT



This letter serves as documented proof of financial hardship that I **and/or** member/s of my household have been adversely affected by the COVID-19 pandemic. Written documentation* must be provided in support of the claim below.

Please check all that apply for each member of the household:

- Partial or full reduction in work hours
- Layoff or termination of employment
- Temporary business shut down, including self-employment
- Unable to work due to school closures or lack of childcare
- Tested positive for COVID-19 or have been quarantined
- Caring for a family member that has tested positive for COVID-19
- Increased out of pocket expenses for medical
- Increased out of pocket expenses for food
- Homebound or Self-quarantined Senior
- Other: _____
- Other: _____

* The types of documentation that are acceptable include, but are not limited to, a letter or notice from employer, establishing proof of reduction in work hours or proof of employer/ business shut down due to COVID19, medical bills, childcare bills, etc.

For reasons which **cannot** be accompanied by written documentation, please provide a self-declaration:

I swear or affirm that the answers provided above are true and reflect my and my household's current finances and status regarding COVID-19.

Print Name: _____ Date: _____

Signature: _____

Agency Staff Verification:

Print Name: _____ Title: _____

Signature: _____ Date: _____