



Food Co-Op

The Joshua's Place Food Cooperative is a membership-based food pantry and adult development program. We exist to help families overcome the barriers in their lives that cause instability. These barriers can be financial, physical, material, emotional or spiritual. It's our desire to walk alongside families as they maneuver through these barriers and move towards brighter futures.

We recognize the benefit of material (financial) support so members receive \$50-\$60 in groceries each bi-weekly visit, that's \$1500 over the one-year membership. Members choose from a menu of items that include cleaning supplies, personal hygiene, frozen foods, cereals, canned goods, and much more.

Membership is a one-year agreement and members agree to three primary guidelines:

1. Members pay \$4 each time they receive groceries. This \$4 pays for additional families to be on the program. (If a member forgets or does not have their \$4 they will have to return at a later date.)
2. Members attend appointments personally and meet with a Joshua's Place volunteer. Relationships are very important to us.
3. Members participate in one development course during the membership year. We offer courses on budgeting, parenting, health/wellness, addiction recovery and many others. These courses are offered on the same night as the normal Co-Op nights.

At the end of the one-year membership members can request membership renewal. Those members in good standing will be given priority for renewal.

For more information or site-specific details please contact:

Kings School District – Susan Simendinger | 513-617-9099 | ssimendinger@joshuasplace.cc
Little Miami School District – Betsy Sammons | 513-659-6130 | bsammons@joshuasplace.cc

OTHER AGENCIES PROVIDING ASSISTANCE.

Agency	Purpose	Value	Family Member

APPLICANT'S EMPLOYMENT HISTORY:

Present/Most Recent Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Employment Dates: _____ to _____

Position and Job Description: _____

Reason for leaving: _____

If unemployed, are you currently seeking employment? ___ Yes ___ No

SPOUSE/PARTNER EMPLOYMENT HISTORY

Present/Most Recent Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Employment Dates: _____ to _____

Position and Job Description: _____

Reason for leaving: _____

If unemployed, is your spouse currently seeking employment? ___ Yes ___ No

Additional Information

Joshua’s Place is exists to help struggling families overcome the barriers in their lives that cause instability. Describe for us the barriers you face that keep your from living a more stable and predictable life. What area(s) of your life would you like to see improve?

Authorization for Release of Information

The undersigned applicant authorizes Joshua’s Place, or any person working with Joshua’s Place to release or receive any and all information without restriction or qualifications from the record of the applicant(s). The undersigned further authorizes any agency, group or entity to release any and all information without restriction or qualification from the file or record of the undersigned to the church for the purpose of consideration of my request for assistance from Joshua’s Place. The undersigned understands, agrees and authorizes that any and all such information received or released will be reviewed by the Joshua’s Place staff.

Applicant Signature: _____ Date: _____

Spouse Signature : _____ Date: _____