

CITY OF GUSTINE

PO BOX 16 - 352 5TH STREET
GUSTINE CA 95322
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www.cityofgustine.com



Grocery Reimbursement Program Application

Name: _____

Address: _____

City, State, Zip: _____

Home Telephone #: _____ Cell #: _____

Employment Information as of January 2020:

Name of Employer: _____

Address (Street, City, State, Zip): _____

Business Telephone Number: _____

Supervisor: _____ Supervisor Telephone #: _____

State of California Unemployment Claim Number: _____

Date of Claim: _____

Request for Reimbursement

Store Name: _____

Address (Street, City, State, Zip): _____

Amount Requesting for Reimbursement: _____

**Please attach a COMPLETE copy of the receipt for which you are requesting
reimbursement.**

Criteria for Eligibility for Grocery Reimbursement Program

These items are inclusive, and must ALL be met in order to qualify for grocery reimbursement under this limited-time program.

1. Applicant must live within the city limits of Gustine.
2. Applicant must have been employed as of January 1, 2020.
3. Applicant must be on unemployment benefits, as a result of impacts from COVID-19.
4. A copy of the entire purchase receipt must be submitted with the application. If any portion of the receipt is missing, the application is subject to immediate denial.
5. Under no circumstances will reimbursement be given for the following products:
 - items related to smoking (including but not limited to: cigarettes, vaping items and marijuana paraphernalia)
 - items related to alcohol (including but not limited to: all items with an alcohol content)
6. To qualify for reimbursement, a complete application for reimbursement must be submitted within 5 days of date of purchase listed on the purchase receipt.