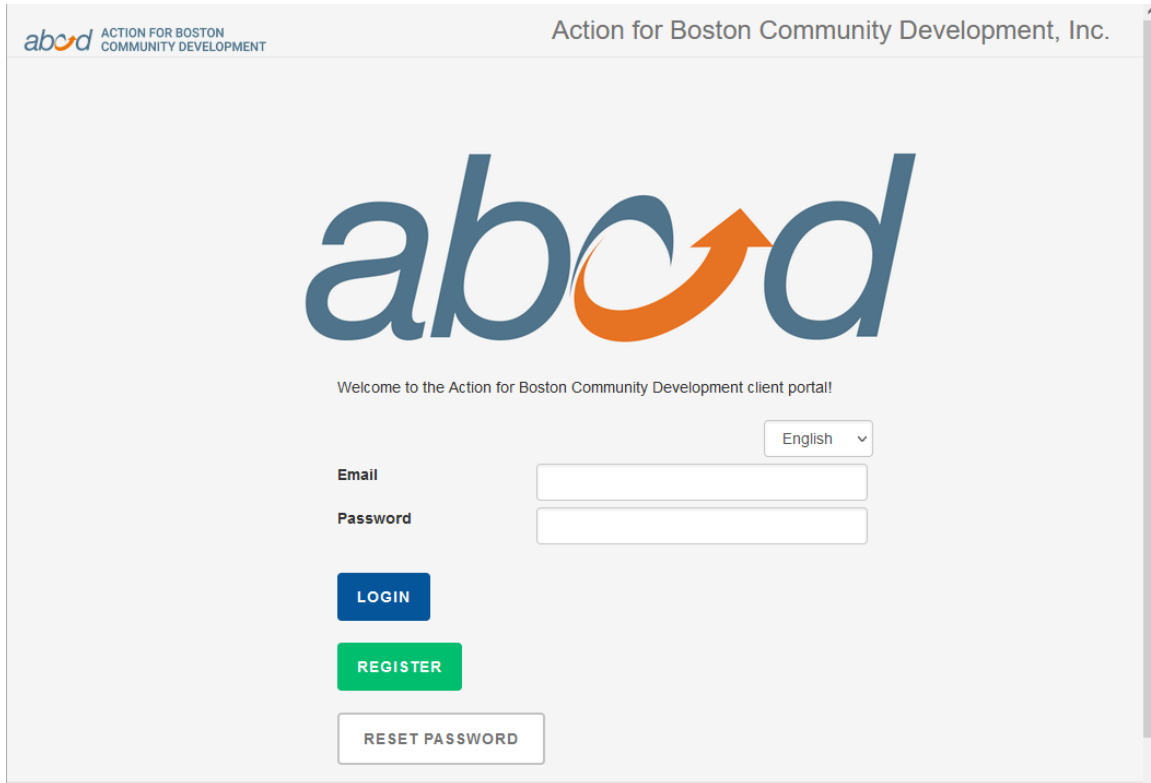


Codect: Apply On-Line Guide

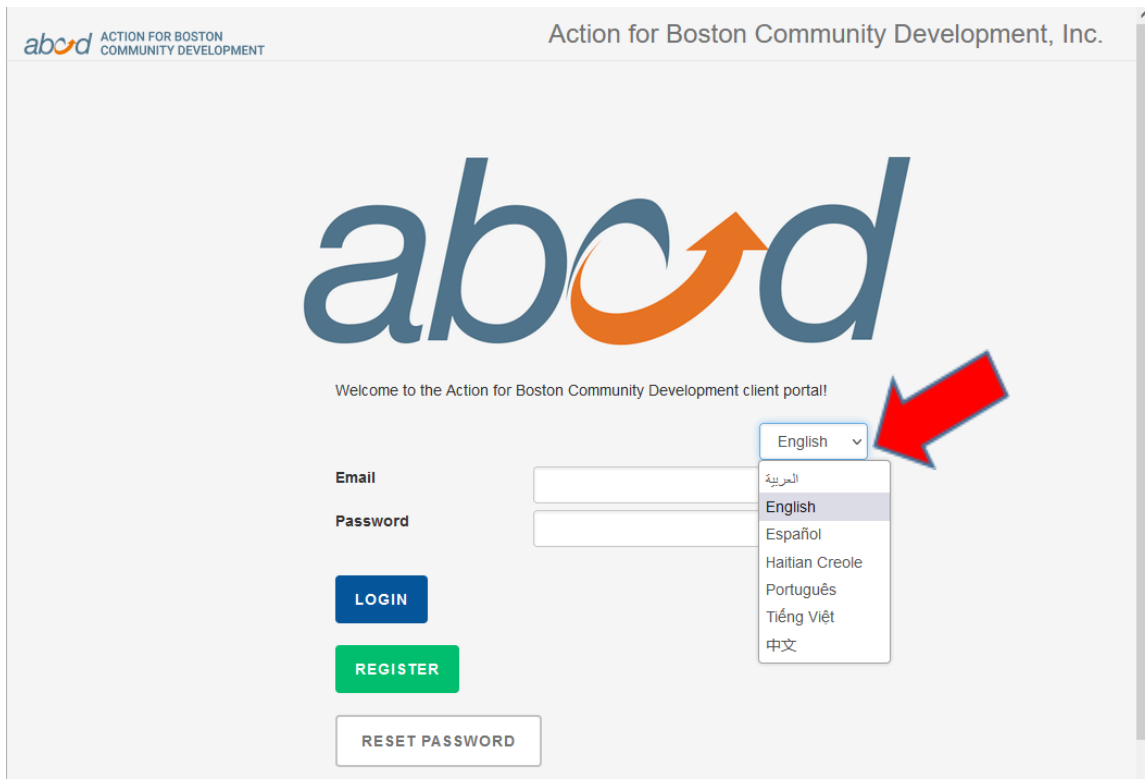
Step 1) Creating an account

Go to apply.bostonabcd.org



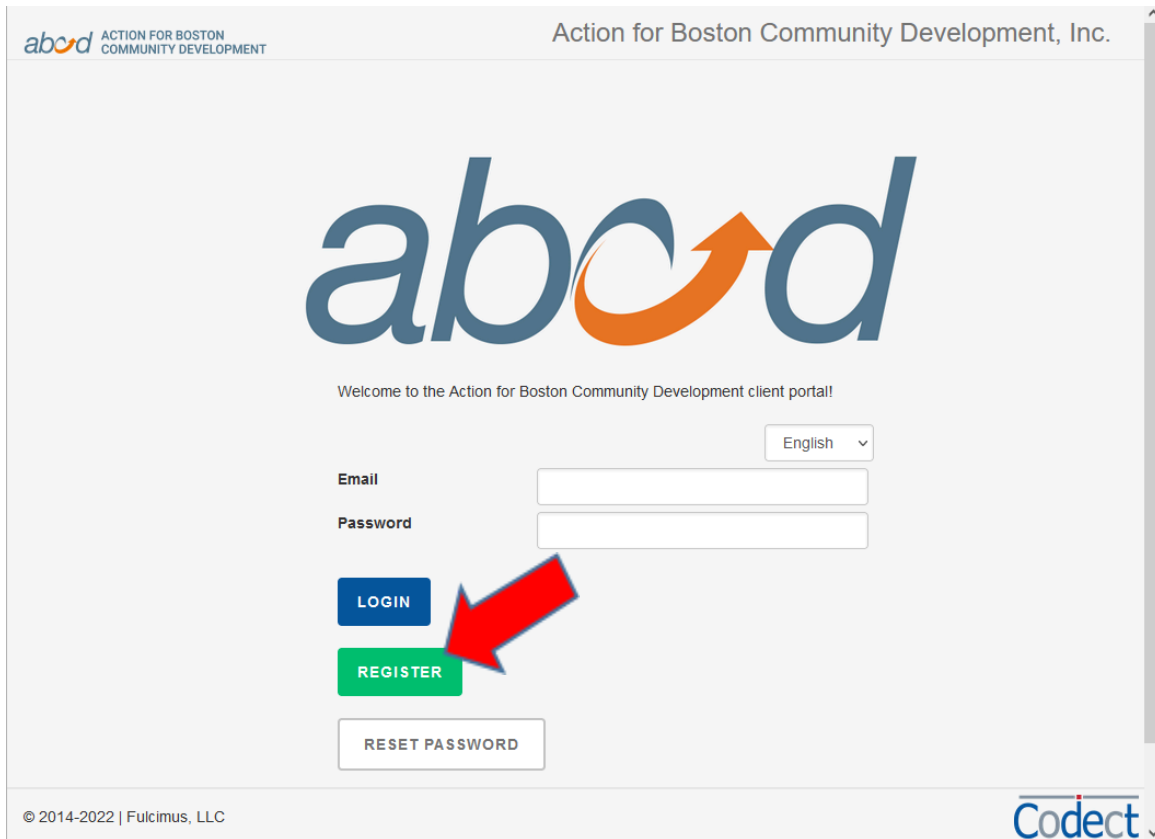
The screenshot shows the top of the ABCD website. The header includes the ABCD logo and the text "ACTION FOR BOSTON COMMUNITY DEVELOPMENT" on the left, and "Action for Boston Community Development, Inc." on the right. The main content area features a large "abcd" logo with an orange arrow. Below the logo is a welcome message: "Welcome to the Action for Boston Community Development client portal!". There is a language dropdown menu set to "English". Below that are input fields for "Email" and "Password". At the bottom are three buttons: "LOGIN" (blue), "REGISTER" (green), and "RESET PASSWORD" (white).

Select the language you are most comfortable with



This screenshot is identical to the previous one, but the language dropdown menu is open, showing a list of languages: العربية, English, Español, Haitian Creole, Português, Tiếng Việt, and 中文. A red arrow points to the "English" option in the dropdown menu.

If this is your first time applying to ABCD, Select **REGISTER**



The screenshot shows the ABCD client portal interface. At the top left is the logo for "abcd ACTION FOR BOSTON COMMUNITY DEVELOPMENT". At the top right is the text "Action for Boston Community Development, Inc.". The main heading is a large "abcd" logo where the "c" is an orange arrow. Below the heading is the text "Welcome to the Action for Boston Community Development client portal!". There is a language dropdown menu set to "English". Below that are input fields for "Email" and "Password". There are three buttons: a blue "LOGIN" button, a green "REGISTER" button, and a white "RESET PASSWORD" button. A red arrow points to the "REGISTER" button. At the bottom left is the copyright notice "© 2014-2022 | Fulcimus, LLC" and at the bottom right is the "Codect" logo.

Completely fill out the Registration Form. NOTE: use an email address you have access to and remember your password.

Registration Form

Application:

First name:

Last name:

Email:

Password:
Very Strong

Confirm password:

City:

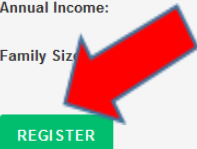
Zip Code:

Date of Birth:

Gender:

Annual Income:

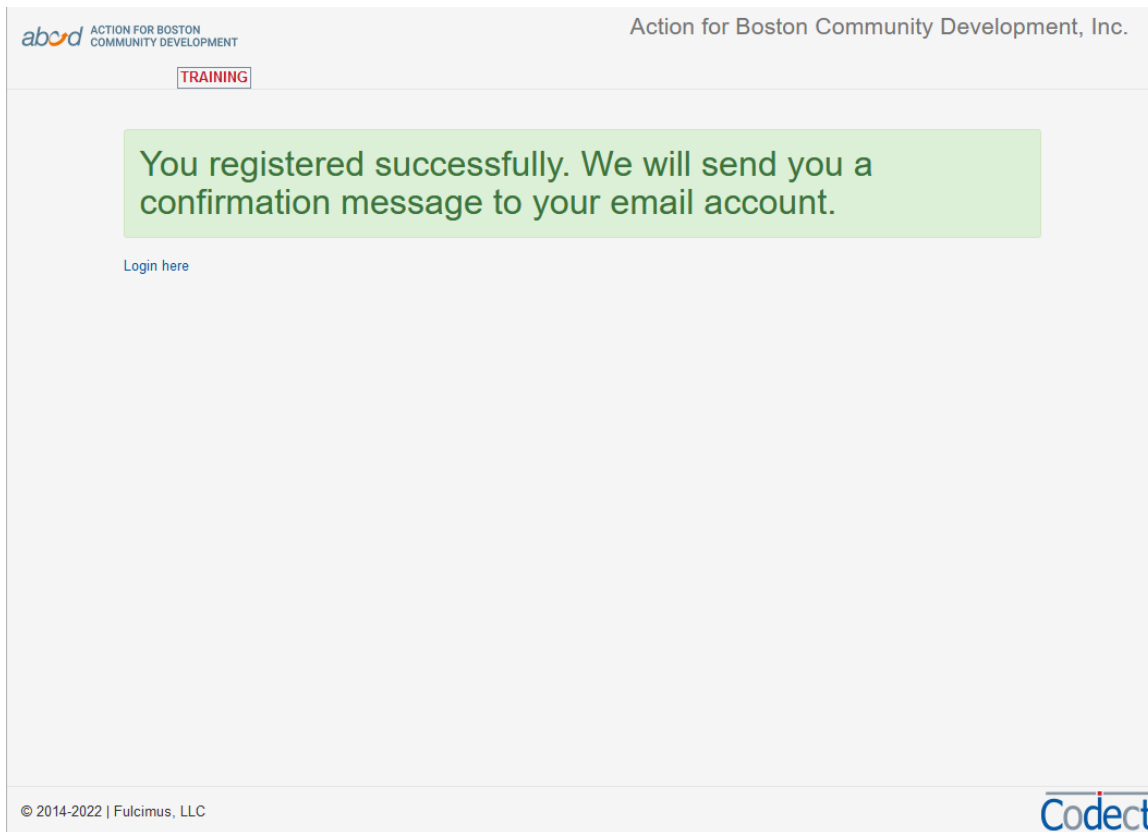
Family Size:



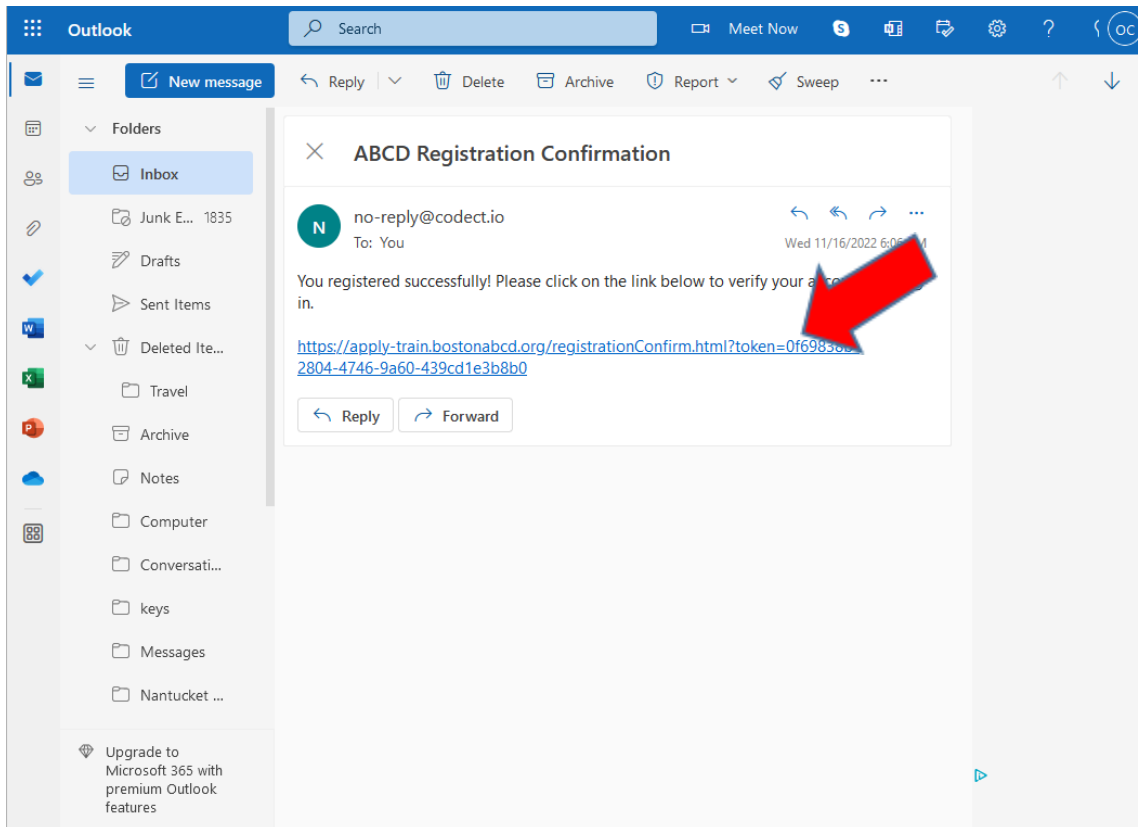
REGISTER



You have successfully created your account. Go to the email that you used to register the account to verify.



Find the ABCD Registration Confirmation and click the enclosed link.



Login with the email address and password

abcd ACTION FOR BOSTON COMMUNITY DEVELOPMENT

Action for Boston Community Development, Inc.

abcd

Welcome to the Action for Boston Community Development client portal!

English ▾

Email

Password

LOGIN

REGISTER

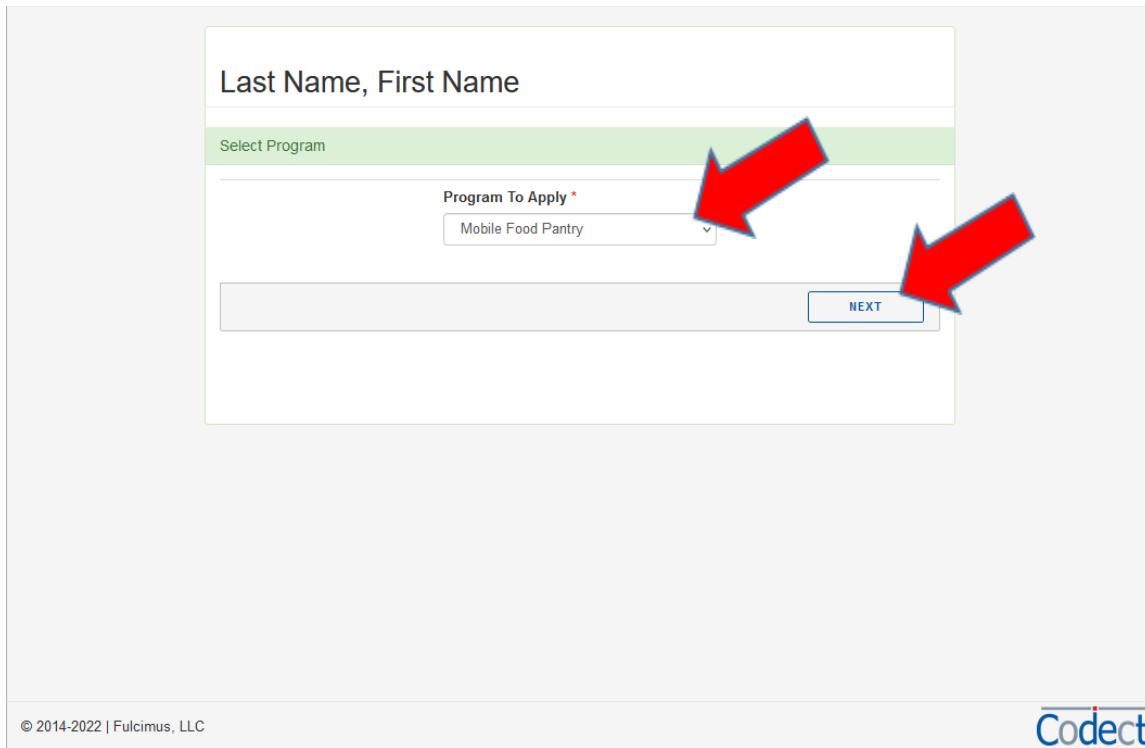
RESET PASSWORD

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Codect ▾

Step 2) Apply to a program

Select the program you want to apply to from the drop down and click **NEXT**



Last Name, First Name

Select Program

Program To Apply *

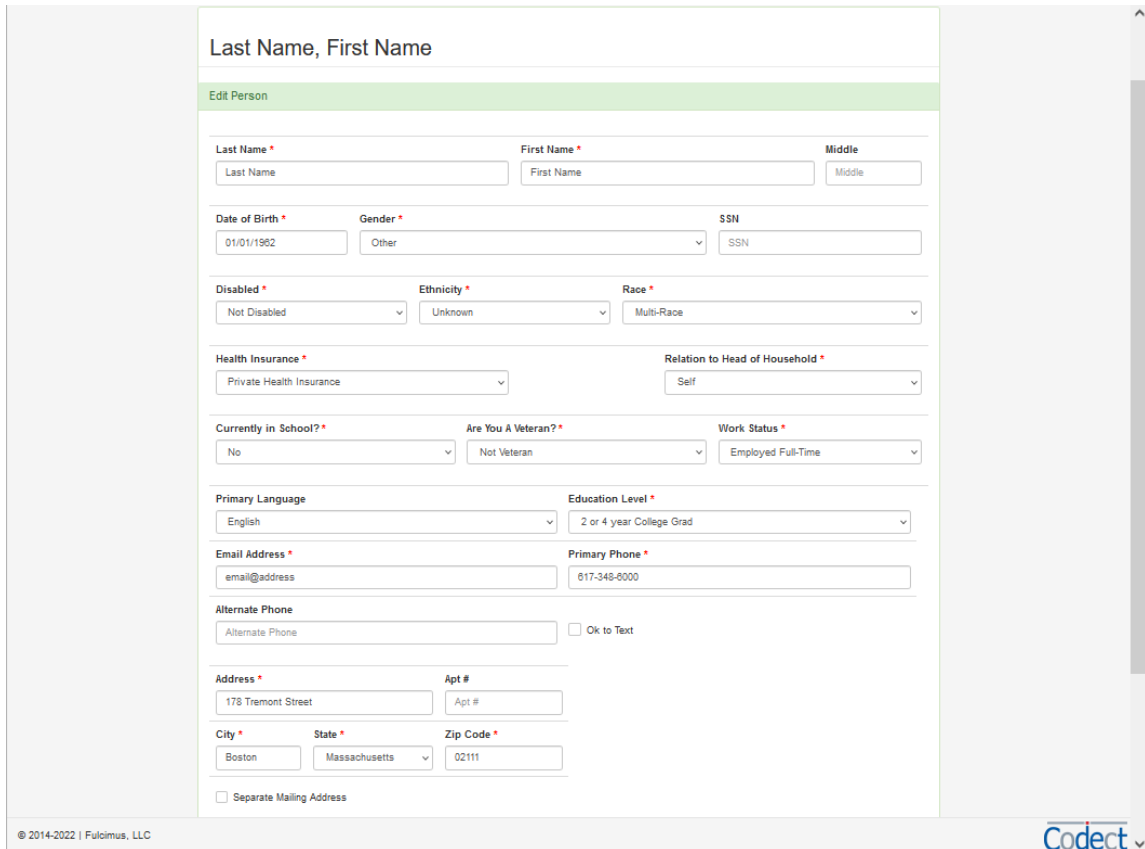
Mobile Food Pantry

NEXT

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Fill out the personal information required and click **NEXT**



Last Name, First Name

Edit Person

Last Name * First Name * Middle

Date of Birth * Gender * SSN

01/01/1982 Other

Disabled * Ethnicity * Race *

Not Disabled Unknown Multi-Race

Health Insurance * Relation to Head of Household *

Private Health Insurance Self

Currently in School? * Are You A Veteran? * Work Status *

No Not Veteran Employed Full-Time

Primary Language Education Level *

English 2 or 4 year College Grad

Email Address * Primary Phone *

email@address 617-348-0000

Alternate Phone

Alternate Phone Ok to Text

Address * Apt #

178 Tremont Street Apt #

City * State * Zip Code *

Boston Massachusetts 02111

Separate Mailing Address

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Fill out the program information required and click **NEXT**

Mobile Food Delivery

Assessment Date: 11/16/2022

Are you a single-parent head of household with dependent minor children living with you? Yes

What gender do you identify as? Prefer not to answer

Is anyone in your household disabled or handicapped? No

What is your preferred language? English

How many individuals reside in your household? 4

Please provide the number of persons living in your household who are part of the following demographic groups

White: 0 1 2 3 4 5 6 7 8+

Black/African American: 0 1 2 3 4 5 6 7 8+

Asian: 0 1 2 3 4 5 6 7 8+

American Indian/Alaskan Native: 0 1 2 3 4 5 6 7 8+

Native Hawaiian/Pacific Islander: 0 1 2 3 4 5 6 7 8+

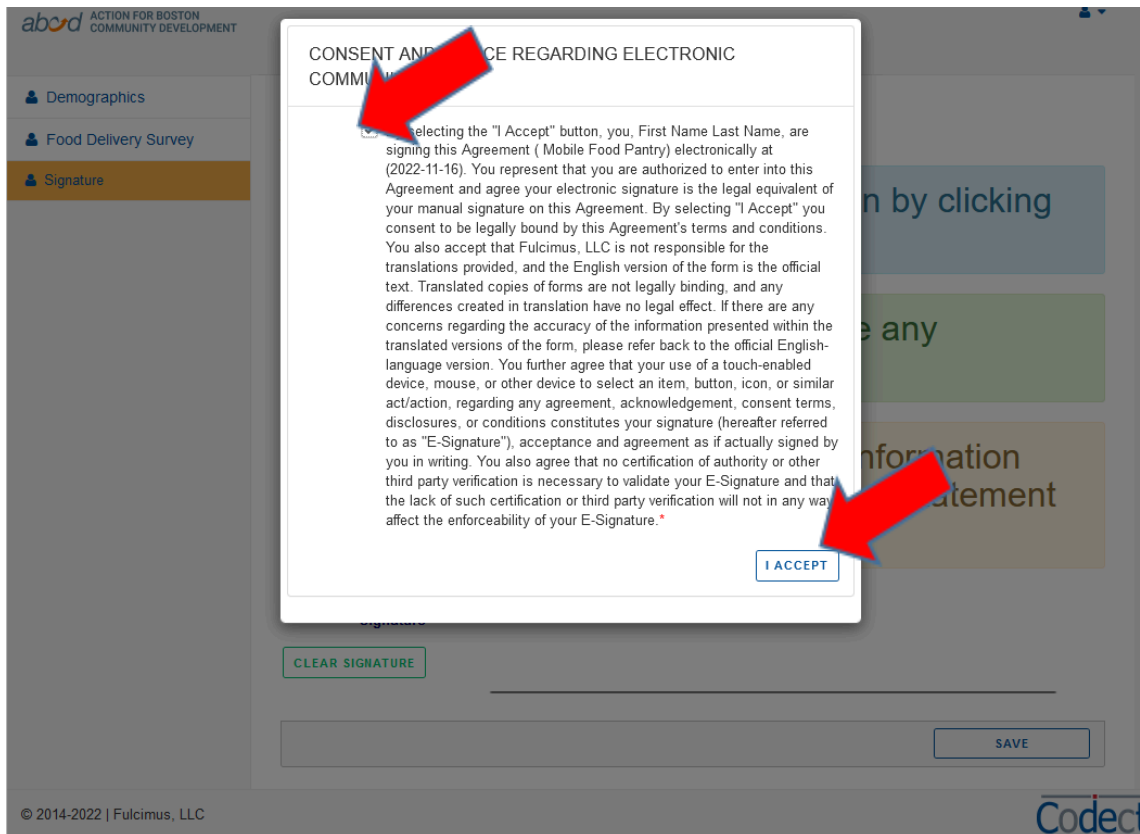
American Indian/Alaskan Native and White: 0 1 2 3 4 5 6 7 8+

Asian and White: 0 1 2 3 4 5 6 7 8+

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Read the consent. If you agree, check the box and click **I ACCEPT**



Sign the application, and click SAVE

