Codect: Apply On-Line Guide

Step 1) Creating an account

Go to apply.bostonabcd.org

	Action for Boston	Community Development, In	IC.
ak		d	
Welcome to the Action for B	oston Community Development c	lient portal!	
		English v	
Email			
Password			
LOGIN			
REGISTER			
RESET PASSWORD			

Select the language you are most comfortable with

	Action for Boston Community Development, Inc.
Release	the Action for Boston Community Development client portal!
	English
Email	العربية
Password	English Español
LOGIN	Haitian Creole Português Tiếng Việt
REGIST	中文 ER
RESET	PASSWORD

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

		Action for Boston	Community Develo	oment, Inc.
	_		_	
	Welcome to the Action for Bo	ston Community Development cli	ent portal!	
			English V	_
	Email			_
	Password			
				_
	REGISTER			
	RESET PASSWORD]		
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Completely fill out the Registration Form. NOTE: use an email address you have access to and remember your password.

Registration F	orm	^
Application:	Mobile Food Pantry ~	
First name:	First Name	
Last name:	Last Name	
Email:	email@address.com	
Password:	•••••	
Confirm password	••••••	
City	Boston	
Zip Code:	02111	
Date of Birth:	01/01/1962	
Gender:	Other ~	
Annual Income:	15000	
Family Size	4	2
REGISTER 2022 Fulcimus, LLC		

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.



Codect: Apply On-Line rev:20221116

Login with the email address and password

		Action for Boston	Community Develop	oment, Inc.
	ak		d	
	Welcome to the Action for Bo	oston Community Development cl	ient portal!	
			English ~	
	Email	email@address		
	LOGIN	•••••		
	REGISTER			
	RESET PASSWORD			
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Step 2) Apply to a program

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

	Last Name, F	irst 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 Middle Last Name First Name Middle Date of Birth * Gender * SSN 0101/902 Other SSN Disabled * Ethnicity * Race * Not Disabled * Unknoan Multi-Race Image: Comparison of the state of Household * Private Health Insurance * Relation to Head of Household * Self Image: Comparison of the state of Household * Private Health Insurance Vork Status * Nor Self Image: Comparison of the state of Household * Private Health Insurance Vork Veteran * Employed Full-Time Image: Comparison of the state of Household * Primary Language Education Level * Employed Full-Time Image: Comparison of the state of Household * Primary Language Education Level * Employed Full-Time Image: Comparison of the state of Household * Atternate Phone Ok to Text Atternate Phone Ok to Text Address * Apt # City * State * Zip Code * Boston Massachusetts 02111 02111 Image: Comparison of the state	Edit Person						
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	Boston Mass	achusetts v	02111				

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

oblie Food Delivery									
Assessment Date:*	11/16/	/2022							
Are you a single-parent head of household with dependent minor* children living with you?	Yes								Ŷ
What gender do you identify as?*	Prefe	r not to	answer						~
Is anyone in your household disabled or handicapped?*	No								~
What is your preferred language?*	Engli	sh							~
How many individuals reside in your household?:*	4								0
Please provide the number of persons living in your househ	old wh	o are p	art of th	e follov	ving de	nograp	hic grou	ps	
White*	0	0 1	0 2) 3	● 4	0 5	0 6	0 7	— ○ 8+
Black/African American*	© 0	0 1	_ 2	0 3	0 4	0 5	0 6	0 7	
Asian*	0 0	0 1	2	0 3	● 4	0 5	0 6	0 7	0 8+
American Indian/Alaskan Native*	© 0	0 1	0 2	0 3	0 4	0 5	0 6	0 7	— () 8+
Native Hawaiian/Pacific Islander*	• 0	0 1	୍ର 2	0 3	0 4	0 5	0 6	0 7	── ○ 8+
American Indian/Alaskan Native and White*	0	0 1	0 2	0 3	0 4	0 5	0 6	0 7	 8+
	0	~	~		0	0	0		-

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



Sign the application, and click SAVE

	≜ ▼ ^
Demographics Food Delivery Survey	Application Status
Signature	Please fill out any missing information by clicking on the orange tabs in the left menu.
	Please call 617-657-5305 if you have any questions.
	I have read this application and the information above, which I have provided, is a true statement of my current situation.
	Signature*
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