

# APPLICATION FOR ASSISTANCE

(Please fill out as much of this form as applies to your situation)

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

How many people are in your family? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_yes \_\_\_\_\_no If employed, where? \_\_\_\_\_

\_\_\_\_\_ For how long? \_\_\_\_\_

Who referred you to our church, or how did you happen to come here for assistance?

\_\_\_\_\_

Do you have family or friends who could assist if they were contacted? \_\_\_\_\_yes

\_\_\_\_\_no

If yes, give their name, address and telephone number: \_\_\_\_\_

\_\_\_\_\_

Are you a member of a church or parish? \_\_\_\_\_yes \_\_\_\_\_no

Name of your church

\_\_\_\_\_

Who is the Pastor \_\_\_\_\_ Telephone # \_\_\_\_\_

Have you tried getting assistance anywhere else? \_\_\_\_\_yes \_\_\_\_\_no

If yes, where? \_\_\_\_\_

(N.A.M. \_\_\_\_\_ Food Stamps \_\_\_\_\_ Social Security \_\_\_\_\_)

What kind of assistance do you need now? \_\_\_\_\_

\_\_\_\_\_

Who may we contact as a reference or verification of this need?

\_\_\_\_\_

\_\_\_\_\_

What kinds of things might you do to help solve this difficulty on a long term basis?

\_\_\_\_\_

What do you think you need to do so that you are not in this same situation again a month or two from now? \_\_\_\_\_

\_\_\_\_\_

Can you provide a copy of a driver's license or other form of identification? \_\_\_\_\_

INTERVIEW BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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## FOR DEACON USE ONLY:

Assistance granted by: \_\_\_\_\_ Date: \_\_\_\_\_

Kind of Assistance Granted: \_\_\_\_\_ Amount: \_\_\_\_\_

Assistance Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

If Denied, reason: \_\_\_\_\_

Referred to what services: \_\_\_\_\_