

APPLICATION/INTAKE FORM FOR FINANCIAL ASSISTANCE

Name _____

Address _____ Phone # _____

How many people in family? Adults (18+) _____ Children _____

Are you employed? ____ Yes ____ No >If yes, how long? _____

If yes, who is your employer? _____

If no, what/when was your last job? _____

How did you happen to come to our church for assistance? _____

Which family or friends could possibly help you if they were contacted? (Names, Phone #)

Are you a member of a church or parish? _____

If yes, do you know who the pastor is? _____ Phone: _____

Have you tried getting assistance anywhere else? ____ Yes ____ No

If yes, where? _____

Have you ever received assistance from another CRC? ____ Yes ____ No

If yes, what kind of assistance did you receive? _____

What kind of assistance do you need now? _____

Who may we contact to verify the need, or as a reference? _____

What do you see as the long-term solution to your difficulty? What can you do to help resolve it?

What do you think you need to do so that you will not be in a similar situation next month?

FOR DEACON USE ONLY:

****You may want to ask for identification to verify the person really is who they say they are. If no I.D. is provided, one can be obtained from Social Services***

Name of Church: _____

Deacon Interviewer: _____ Date _____

Type of assistance given: _____

If assistance was denied, why? *(attach separate sheet if necessary)* _____

If referral was made, to what agency? _____

What arrangements have been made to follow up on this call? _____

Who in our church may be able to assist in the long term? _____
