

Request for Support Form (SAMPLE)

(walk-in requests for financial assistance)

This form is intended to be completed by an on-site staff member upon request for assistance from a non-church member coming to our building. If the individual would best be served through a local agency, please indicate what was recommended.

Name: _____

Address: _____

Phone #: _____

How did you hear about our church? _____

Request: _____

Agency Referred to (if done so): _____

Notes: _____

Name of staff taking request: _____ Date: _____

Note to Staff:

Please forward this form to the deacons who will follow up with the individual asking for assistance. Let him/her know someone will be in touch in the next couple of days. A deacon will gather further information needed in order to make a valid assessment and decision on how to assist.

