

Meadow Valley Community Church Benevolence Ministry Initial Contact
Information Sheet

(This information will be kept confidential. Please give as much information as you can, and use the back of this page if necessary.)

Name:

Date:

Cell Phone:

Work Phone:

E-Mail:

Address:

Length of Time at Above Address:

Age:

Sex:

What assistance do you need?

What other sources have you requested help from for this particular need?

Do you have any other means to get help, possibly family or friends?

Do you currently attend a church? If not, have you attended a church in the past? Where?

Are you currently employed? If so, where and how long?

Do you have any disabilities or medical conditions that prohibit employment? If yes, please describe:

Do you have transportation?

Problems with transportation?

Marital Status:

Family Status (number of children):

Do you have anyone living with you besides children? If so, how many?

Nearby relative(s):

Have you ever requested assistance before? If yes, when and what type?

What type of assistance was given?

How did you hear about Meadow Valley Community Church Benevolence Ministry?

Office Use Only

Contact Person Name - Deacon:

Notes: