

Community of Faith United
Assistance Information Form

DATE: _____
 NAME: _____ SPOUSE NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 TYPE OF ADDRESS: _____ (P -permanent, T-temporary, N-no address, S-passing through
 PHONE: home _____ cell _____ work _____
 BEST TIME TO CALL? _____ e-mail _____
 DRIVERS LICENSE or ID#: _____
 DATE OF BIRTH: _____
 GENDER: M ___ F ___
 ETHNICITY: _____ (B-black, S-hispanic, C-caucasian, A- American Indian, I-indo-chinese, O-other)
 PRIMARY LANGUAGE: _____
 NUMBER OF ADULTS 18 and older: _____
 NUMBER OF CHILDREN 17 and younger: _____
 MARITAL STATUS: _____ (M-married, S-single, L-seperated, D-divorced, C-co-habitant, O-other)
 VETERAN: yes __, no __ DISABLED: yes __, no __
 ARE THERE OTHER DISABLED ADULTS IN THE HOUSEHOLD? Yes __, no __
 TYPE OF HOUSEHOLD: _____

Two Parent or Parent and Children Single

FTP-two parent	SEL-elderly
FOP-one parent	SPW-pregnant
FCP-couple with pregnancy	STD-temporarily disabled
FCN-couple without pregnancy	SPD-permanently disabled
FOT-other	OTS-other single

NAMES and AGES of CHILDREN: _____

YOUR EMPLOYER: _____

YOUR MONTHLY INCOME: _____

SPOUSE'S EMPLOYER: _____

SPOUSE'S MONTHLY INCOME: _____

DO YOU ATTEND CHURCH? Yes: _____ No: _____

CHURCH NAME: _____

If you do not attend church would be interested in being connected with a church?

Yes: _____ No: _____

What denomination of church of church would you prefer?

Do you need food? Yes: _____ No: _____

Do you need clothing? Yes: _____ No: _____

Beyond food and clothing how could we help you towards self-sufficiency?

