Christian Assistance Ministry
Application Form / Year 2020

Date:_____

1. Head of Household (HOH) **must** fill out a new application every 12 months, and bring in the following documents:
   a) Photo ID
   b) Original Social Security Cards for all household family members. COPIES ARE NOT ACCEPTED.
   c) Proof of residency- **One of the following**: Electric bill, Water bill, Lease Agreement, Food Stamps Award Letter or Social Security Award Letter. **Must be dated within the last 30 days.**
2. Food and clothing are provided once every 2 months.

Financial assistance is provided ONLY once every 12 months if client meets criteria, and funds are available.

Name: _____ DOB: _____ Age: _____
Last First

Gender: Male_____ Female_____ Are you disabled? No_____ Yes _____ Veteran: Y/N _____

I.D. or D.L. #:_____ Full Social Security Number: _____

Address: _____
Street City State Zip Code

Telephone Number:_____

Type of Residence: Mortgage_____ Renting _____ Subsidized_____

Ethnicity: Non-Hispanic _____ Hispanic_____

Race: American Indian or Alaska Native_____ Asian _____ African American _____ White _____ Native Hawaiian or Other Pacific Islander _____

Please complete the following information on people living in your household.

	Last Name	First Name	Relation?	Full Social Security Number	DOB	Age
1						
2						
3						
4						
5						
6						
7						
8						

Reason for your visit: _____.

Signature:_____ . I certify that all information regarding my household is true and complete to the best of my knowledge.

- The information provided will be shared as agreed by client in compliance with NASW, and government regulations regarding confidentiality.
- This form is the property of Christian Assistance Ministry.