## **Christian Assistance Ministry / Application Form 2024**

\_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

- 1. Head of Household (HOH) must fill out a new application every 12 months, and bring in the following documents:
  - a) Photo ID. Electronic copies are not accepted.
  - b) Original SS cards for all household family members. Electronic copies are not accepted.
  - c) **Proof of Residence (Only one of the following):** Electric bill, Water bill, Lease Agreement, Food Stamps Award Letter or Social Security Benefits Award Letter. **Dated within the last 30 days. Electronic copies are not accepted.**
- 2. Food and clothing are provided once a month.
- 3. Financial assistance is provided ONLY once every 12 months if client meets criteria, and funds are available.

G	ender: Male	Female	Transgender	Non-B	inary				
Ar	e you disabled?	Yes No	Veteran:	Yes 1	No				
In	come: Monthly		Annually						
1.0	D. or D.L. #:		Full Social S	Security Number	:				
Ad	ddress:								
		Street	City	State		p Code			
Te	elephone Numbe	r:		Type of Resider	nce: Mortgage	Renting	_		
Ra	ace: American I	ndian or Alaskan	African Amer	rican Asian or Asian American					
Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacific Islander									
	White								
Please complete the following information on people living in your household.									
	Last Name	First Name	Disabled Y/N	Relation w/HOH	Full Social Securit Number	y DOB	Age		
1									
2									
3									
4									
5									
6									
7									
8									
		visit:t of my knowledge.					  nd		

> The information provided will be shared as agreed by client in compliance with NASW, and government regulations regarding confidentiality.

Date:						
By signing this form, I confirm that I will remain on this application for a complete year, I will not be able to open my own application, and that I cannot come to CAM to request any type of assistance without the presence of the Head of Household.						
Name:	Signature:					