Christian Assistance Ministry / Application Form Year 2025

		Date:						
1. T	he head of Househol	d (HOH) <u>must</u> fill out a	new application e	very 12 months an	d bring in the following do	cuments:		
b	 a) Photo ID. b) Original SS cards for all household family members. 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 90 days. 							
2. F	ood and clothing are	provided once every 2	months.					
3. F	inancial assistance is	s provided ONLY once e	very 12 months i	f the client meets	the criteria, and funds are	available.		
Namo	e:				DOB:	Age:		
		Last	First				_	
Gend	ler: Male	Female	Transgender_					
Are y	ou disabled? Yes_	No	Are you	a Veteran? Yes _	No			
Incor	ne: Monthly	Annu	ally	<u>Full S</u>	SS#:			
Addr	ess:							
		Street	City	State	Zip C	ode		
Telep	hone Number:			Type of Resider	nce: Mortgage	Renting	_	
Race:	: American Indiar	n or Alaskan	African Ame	rican	Asian or Asian Ameri	can		
	Hispanic or Latir	no Middle E	astern or North	African	Native Hawaiian or P	acific Islander		
	White							
Pleas	e complete the foll	lowing information or	n people living ir	n your household				
	Last Name	First Name	Disabled	Relation	Full Social Security	DOB	Age	
			Y/N	w/HOH	Number			
+								
•		•	<u> </u>		•	1		
Reas	on for your visit:						·	

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

I certify that all information regarding my household is true and

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Signature:__

complete to the best of my knowledge.

Date:	
	this application for a complete year, I will not be able to to CAM to request any type of assistance without the
Name:	Signature: