

Christian Assistance Ministry /Application Form Year 2026

Date: _____

Name: _____ DOB: _____ Age: _____
Last First

Gender: Male _____ Female _____

Are you disabled? Yes _____ No _____ Are you a Veteran? Yes _____ No _____

Address: _____
Street City State Zip Code

Telephone Number: _____ Type of Residence: Mortgage _____ Renting _____

Race: American Indian or Alaskan _____ African American _____ 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 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.

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: _____

Date: _____