

Please describe in detail the **circumstances** that prompted you to seek help from the church:

What steps have you taken to resolve your current need before coming to the church?

Are you willing to work in exchange for assistance: YES _____ NO _____

If YES, what skills do you have: (CIRCLE)

Clerical Construction Janitorial Landscaping Transportation

If NO, explain reason why: _____

SPIRITUAL INFORMATION:

Do YOU believe in God: Yes, I Do _____ No, I Don't _____ Uncertain _____

Do YOU pray to God: Regularly _____ Occasionally _____ Never _____

Do YOU read the Bible: Regularly _____ Occasionally _____ Never _____

Is Calvary Chapel YOUR home church: Yes _____ No _____ How Long? _____

If NO, what is your home church: _____ Pastor: _____

Phone: _____ How many times per month do you attend church: _____

Have YOU received Jesus Christ as Savior: Yes ___ No ___ Uncertain ___ If YES, When: _____

HEALTH INFORMATION:

Rate your health: Very Good _____ Good _____ Average _____ Poor _____

Please list any significant illnesses, injuries, or handicaps that would prevent you from working:

PERSONAL ASSISTANCE:

Do you receive Government assistance: Yes _____ No _____

If Yes: Social Security: \$ _____ AFDC: \$ _____ Food Stamps: \$ _____

Unemployment Compensation: \$ _____ WIC: \$ _____

Workman's Compensation: \$ _____ SSI: \$ _____

What churches/agencies have you contacted for assistance in the past? _____

What type of assistance did you receive? _____

Have you been counseled by anyone at Calvary Chapel: _____ When? _____

Why were you counseled? _____

By who were you counseled? _____

INCOME AND EXPENSES:

Your TOTAL monthly income (all sources) \$ _____

Your TOTAL monthly expenses: \$ _____

Tithe	\$	_____						
Mortgage/Rent	\$	_____	Water	\$	_____			
					Auto	\$	_____	
Electric	\$	_____	Credit Cards	\$	_____	Gas/Oil	\$	_____
Insurance	\$	_____	Child Care	\$	_____	Food	\$	_____
Medical	\$	_____	Phone	\$	_____	Other	\$	_____

If you are requesting a bill payment please supply the following information:

Company Name: _____ Phone: _____

Contact Person: _____ Address: _____

City: _____ State: _____ Zip: _____

Account Number:: _____ Amount Due:\$ _____

Company Name: _____ Phone: _____

Contact Person: _____ Address: _____

City: _____ State: _____ Zip: _____

Account Number:: _____ Amount Due:\$ _____

Company Name: _____ Phone: _____

Contact Person: _____ Address: _____

City: _____ State: _____ Zip: _____

Account Number:: _____ Amount Due:\$ _____

I have truthfully answered all questions on this form (PLEASE SIGN)

Your Signature **Date**

Please write directions to your house from the church:

