

Pleasant Hill Baptist Church

Men's Ministry Team Assistance Form

Please complete the front and back of this form in its entirety. Failure to do so will
Delay the decision making process.

Name _____ / Date of Birth _____

Address _____ Phone _____

City _____ State _____ Zip _____

Have you received help from Tri-C Christian Crisis Ministries? Yes () No ()

Have you received help from B.R.O.C.? Yes () No ()

If yes, what kind of help did you receive and when? _____

Are you a member of any church? Yes () No ()

If yes, name and location of church _____

Pastor's name _____

Do you attend church? Regular () Sometimes () Never ()

Who referred you to our church? _____

What type of help do you need? _____

What happened to bring on this need? (Please be specific) _____

Who are your household members and close relations? _____

Name/Address	Age	Live with you	Employed
_____	_____	yes () no ()	yes () no ()
_____	_____	yes () no ()	yes () no ()
_____	_____	yes () no ()	yes () no ()
_____	_____	yes () no ()	yes () no ()
_____	_____	yes () no ()	yes () no ()
_____	_____	yes () no ()	yes () no ()

Are you receiving any aid (financial or otherwise) from a government agency(Social Security, Unemployment, Workers compensation, etc)? Yes () No ()

If yes, what type of aid are you receiving? _____

Are you employed? Yes () No () If yes, where: _____

How long? _____ Rate of pay _____ Hours per week _____

If no, date of last employment: _____ where: _____

Are you able to work today if we know of an available job? Yes () No ()

Do you or other family (household) members receive additional income? Yes () No ()

If yes, please indicate source and amount. _____

Have you asked or received help from Pleasant Hill before? Yes () No ()

If yes, when and for what reason? _____

Have you ask for financial help from another church? Yes () No ()

If yes, what church? _____

Monthly Obligations

Rent/House payment \$ _____ Electric \$ _____

Heat/Air \$ _____ Cable \$ _____

Car Payment \$ _____ Phone \$ _____

Child Care \$ _____ Gas \$ _____

Food \$ _____ Clothes \$ _____

Medical \$ _____ Misc. \$ _____

Please list any other obligations. _____

Do you have some form of identification? Yes () No ()

The above information is true and complete to the best of my knowledge. I give my permission to Pleasant Hill Baptist Church Men's Ministry Team to request information from any source needed to verify any needs I may have. Unless revoked by me this consent shall be valid for the effective life of my current request for assistance.

Signature _____ Date _____

