

Helping Hands Meal Request

Today's Date: _____ Date assistance is needed: _____

As a church we desire to help you in your time of need. To do this most effectively, we need to obtain some important information. *Please be aware of several of our policies.*

1. We do not give cash
2. Meals are prepared by members/attenders of Christ Evangelical Free Church
3. All Distributions will be based on procedures as outlined in our Policy
4. Please complete this form and return to church office or place in Helping Hands mailbox (located behind Welcome Center).

Name: _____ # in Family: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Marital Status: Single Married Separated Divorced Widowed # of Children: _____

Present Employer: _____ How Long: _____

Previous Employer: (if unemployed less than 3 years) _____

Name of Church: _____

Reason for Request:

- | | | |
|--|--|--|
| <input type="checkbox"/> Accident | <input type="checkbox"/> Fire | <input type="checkbox"/> Emergency Surgery |
| <input type="checkbox"/> Debilitating Illness | <input type="checkbox"/> Flood | <input type="checkbox"/> Other: (list below) |
| <input type="checkbox"/> Severe Mental Illness | <input type="checkbox"/> Loss of Income | _____ |
| <input type="checkbox"/> Death of Immediate Family | <input type="checkbox"/> Hospitalization | _____ |

Will you be receiving assistance from any other sources (ie, CARE Groups, Bible Study, Family Members, other churches, Meals on Wheels, etc.)? No Yes (if yes, state source)

Will someone be able to pick up the meals at the church at a prearranged time? No Yes

Will these meals need to be delivered to your residence? No Yes

List times you will be available _____

Name of Requester (if different from above): _____

Daytime Phone: _____ Evening Phone: _____

Assisted On: _____

Comments: