

First Presbyterian Church of Palm Bay

CONFIDENTIAL ASSISTANCE REPORT

(please fill in ALL of the information as accurately as possible)

A. PERSONAL

Full Name: _____ DOB: _____

Full Address: _____

Phone: _____ Church Affiliation: _____

SS No.: _____ Driver License No.: _____

Referred by: _____

B. FAMILY

Total # in Household: _____ Adults _____ Children _____

	Full Name	DOB	Relation to You
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

C. ASSISTANCE HISTORY

Have you or any of your household members been to us for help before? If yes, when?

What is your specific need at this time?

What are the circumstances that led up to this need?

Where else have you gone for help at this time?

	Where	Date(s)	\$ Received	Reason for Refusal
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I certify that the information given is accurate to the best of my knowledge.

Name (printed) **Signature** **Date**

-----*DO NOT WRITE BELOW THIS LINE*-----

Type of help given and amount; or reason for refusal:

Signature

Date