

# ASSISTANCE REQUEST INTAKE FORM

|   |           |                               |         |
|---|-----------|-------------------------------|---------|
| Church Name   |           | Date                          |         |
| First Name  | Last Name | Social Security Last 4 digits |         |
| Street Address  |           | Birth Date                    |         |
| City  | Zip       | Home Church                   | Phone # |
| Request amount  |           | Request Date                  |         |
| Monthly Income  |           | Monthly Expenses              |         |
| Situation   |           |                               |         |
| Landlord Name/Number  |           | Utility Account Number        |         |
| Other Agencies Contacted  |           |                               |         |
| Access Info:    Phone: 616.774.2175                      Email: caseworker@accessofwestmichigan.org |           |                               |         |
| Church Phone/Email  |           |                               |         |
| Church Staff Comments   |           |                               |         |

Release of Information

I understand that in order to receive assistance, the above information I have provided may be shared with the Pastor, deacons, and other church staff as well as Access of West Michigan and other agencies that may partner in assisting.

Signature *(please note if permission was given verbally)*