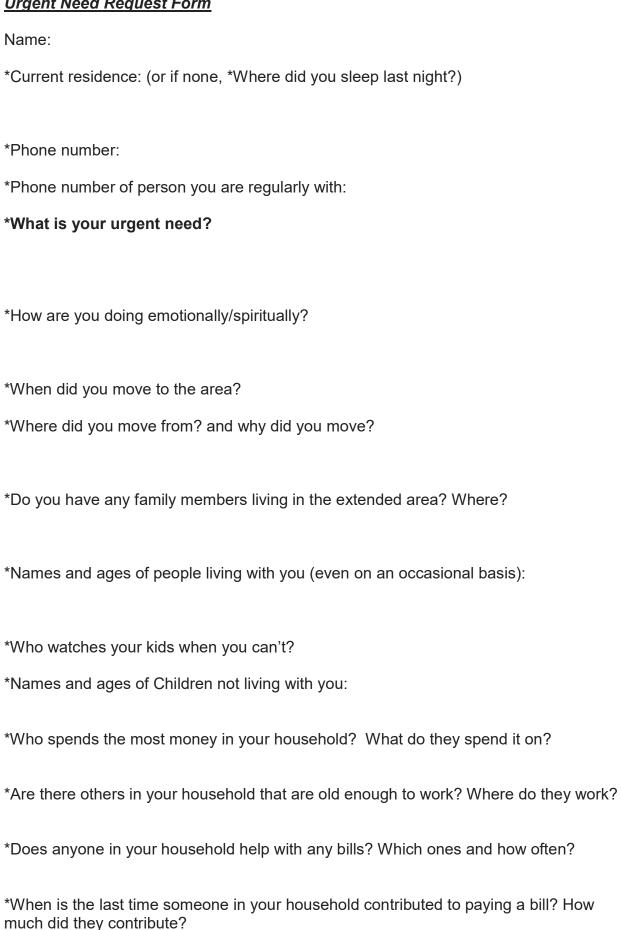
Urgent Need Request Form



"Do you owe anyone money? who and now much?		
*Have you had or almost had any utilities shut off in the past? Which ones and when? *How did you get out of that most recent bad financial situation?		
Income - How much money do you currently r Wages	eceive per month from: Child Support	
SSI	Unemployment	
Social Security	W-2	
Bills - How much do you pay per month for: Rent/Mortgage	Phone	
Transportation	Internet/TV	
Gas & Electric	Alcohol, cigs, drugs	
Insurance	Credit Cards	
Medical	Child Care/Support	
Employment: *Current employer and when you started with them (or if none, Where have you applied in the past week?)		
*Previous employer: when ended: reason for ending:		
*List any health problems that limit what jobs you can perform:		

*Does your spouse/girlfriend/boyfriend work? If so, where? If not, where and when were they previously employed?

*Does anyone owe you money? Who and how much?

*Have the hours & pay of your job or your significant other's job remained steady or do they fluctuate?		
*What jobs have you applied for recently? What jobs are you planni	ng to apply for?	
Assistance: Please list any assistance you are currently getting, including: *Are you on SSI, Medicare, Badgercare, Foodshare, Energy assistance, Rent assistance, or Medical assistance?		
*Have you contacted Advocap, W2, Energy assistance, or the Salva what did they say?	tion Army? If so,	
*Which food pantries have you visited?		
*How have you tried to meet your current need yourself?		
*Are there any things you could sell to try to help meet this need?		
*Have you asked your church for help? Have they helped?		
*Have you asked any family or friends for help? Have they helped?		
*If you are looking for financial help, are you interested in doing any work for the church? If so, please list the days and times you would be available to work.		
References *County case worker name & number:		
*Name & number of someone who could vouch for your character?		
I give permission to River Shores Church to communicate with the people listed on this form to work together to be able to help me best:		
SIGNATURE:	DATE:	
PRINTED NAME:		