

-G.R.A.C.E. Fund -

Application for Assistance

General Information :

Applicant's full name: _____ DOB _____

Other Family Members & Ages: _____

Address: _____

Phone Number: _____

Main Contact Person (Name, Address, Phone): _____

Food Pantry:

___ Microwave/cook Stove? ___ Coffee? ___ Pets (kind _____)?

Food Allergies? _____

Project Details Detailed description of situation with dates:

Family Resources:

Place of employment: _____ F/T or P/T _____

Other Agencies You Receive Assistance From: _____

Assistance Requested from G.R.A.C.E. Fund :

(Please check all that apply)

___ Home Repairs ___ Financial Services ___ Visitation

Other: _____

I, _____, request that the G.R.A.C.E Fund , consider my application for, _____.

I recognize that the G.R.A.C.E Fund is under no obligation to grant, or having granted, continue aid to myself or my family. If granted, I agree to utilize any assistance provided for the benefit of _____ and/or my family. I will fully discharge both now and in the future all relevant information to the G.R.A.C.E Fund so my application can be considered fully and fairly. I understand that it is my obligation to advise any public official or employee of my status with the G.R.A.C.E Fund should that official or employee need that information to establish my eligibility for any public assistance or benefit. I further release the G.R.A.C.E Fund , and members from any and all liability of any kind which might arise out of my application or connection with the G.R.A.C.E Fund.

Signed: _____ (Applicant)

Date: _____

If you or know of anyone who might be interested in other services, please check the box below and we will gladly send information.

Yes, please send me information regarding the following resources Other information for services available but not limited to: Foster Care Closet, Public Health/Immunizations, Financial Counseling Service Projects, Foster Care Family Support, and Food Pantry _____

_____ Serve one another in Love. Galatians 5:13