



APPLICATION FOR ASSISTANCE

Please allow for 24 hours to approve request. Please ensure that you have a working phone number where you may be reached.

Recipient's Name: _____

Phone Number: _____

Mailing Address: _____

Driver's License #: _____ Date of Birth: _____

Type of Assistance Requested: (please be specific)

Release of Information

I, _____ authorize Grace Church to release information regarding this application to other assistance providers in Bay County.

Signature: _____ Date: _____

FOR OFFICE USE ONLY—ASSISTANCE DETERMINATION

- Request Approved
 Kind of Assistance: _____
 Referred to: _____
 Request Denied

Authorized by: _____ Date: _____