

Candlelight Benevolence Intake Form

A staff member at Candlelight Christian Fellowship would like to spend some time with you talking about your request. This may take up to 30 minutes.

We believe you are important, and want to understand your situation in detail.
We may ask additional questions for clarity.

Our process may take up to one week. We will need to speak with those who are familiar with your situation such as family, case managers, your landlord or employer depending on the request. Do we have your permission to verify and clarify information you share? Yes NO

Today's Date: _____

My immediate need is: Food Rent Lodging Electric Other Utilities: _____

Last Name	First Name	Middle	Date of Birth / /	Age	Social Security #
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Phone # (with area code): _____ Driver's License #: _____

Spouse (or Partner) Last Name	First Name	Date of Birth / /	Age	Social Security #
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Spouse Phone # (with area code): _____ Driver's License #: _____

Physical Address - Number, Street Name, Lot/Apt #:	City	Zip
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Mailing Address if different than above - P.O. Box:	City	Zip
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Do you have Liability Vehicle Insurance? Yes NO If yes, indicate insurance name, number & expiration date:

Insurance Co. Name: _____ Policy #: _____ Expiration Date: _____

Married Single Divorced/Separated Widowed Other: _____

Religious Affiliations
 Christian Muslim None Other: _____

Do you attend a local church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	Pastor's Name	Phone #
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What has taken place in your life that has caused this current need? What ideas do you have as solutions?

Have you applied elsewhere for assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance given? (Church, social services, welfare, disability, etc.)
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Do you have a caseworker? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which agency	Caseworker Name	Phone
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Do you have any outstanding warrants? Yes No If yes, for what?

FAMILY INFORMATION - Please tell us about your immediate family

Do you have children at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total in Family	Total Living in Household	
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	Children's First & Last Name	Age	Date of Birth / /	Needs for Children:	Child Support
a.			/ /		\$
b.			/ /		\$
c.			/ /		\$
d.			/ /		\$
e.			/ /		\$

Last Name: _____
First Name: _____

Names of others in home EXCEPT you and the children listed above:

	First & Last Name	Relationship	Contribute?			Phone # if different
			Yes	No	How much?	
a.					\$	
b.					\$	

Do you have other family in the area?	Name	Relationship	Phone #
<input type="checkbox"/> Yes <input type="checkbox"/> No			

HOME/LIVING ARRANGEMENTS

Do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Stay with someone			How long? _____ Days _____ Wks _____ Months _____ Years		
Rent or Own	How much is your rent or mortgage?	How much do you pay?	How much is a government subsidy?		
	Which agency?	Are utilities included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you current on power? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Landlord's Name		Phone #		
	Are you current on rent? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, ask:	Date due	Amount owed	Eviction notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Eviction date
					Stay with Someone
					Name
					Relationship
					Phone

CURRENT EMPLOYMENT - SELF:

Employer			Position		How Long?
Hrs. worked per week	Hourly Rate \$	OR Monthly Net Salary \$	Manager's Name		Phone #
OR	Reason Unemployed: <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Other: _____				
	How long off work?	Last employer (if less than 6 months)			Phone #

CURRENT EMPLOYMENT - SPOUSE/PARTNER:

Employer			Position		How Long?
Hrs. worked per week	Hourly Rate \$	OR Monthly Net Salary \$	Manager's Name		Phone #
OR	Reason Unemployed: <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Other: _____				
	How long off work?	Last employer (if less than 6 months)			Phone #

What skills and experience do you have? _____

What is your goal for a new job? _____

How are you moving toward this goal? _____

The information contained in this application is correct to the best of my knowledge:

Signature:	Date:
Official Use Only: Approved By:	Date:
Not Approved By:	Date:
Reason Not Approved By:	