



Benevolence Request Form

Today's Date: _____

Today's Request is for: _____
 because _____

Food box requests: I have the means to cook food by use of a stove.
 I am currently homeless or I have no means to prepare food.

Gas card requests: I have a current driver's license and insurance (we will need a copy of both).

How were you referred to us? _____

Personal Information: (we will need to make a copy of your license or ID)

Full Name: _____

Address: _____

Phone: _____ Birthdate: _____

How many are in your household? _____ Marital Status: Single Married Divorced

Please list name, ages and relationship:

_____	_____
_____	_____
_____	_____

Employment/Financial Information:

Are you currently employed: Yes No

If yes, where? _____ Work Phone: _____

If no, why not? _____

If no, are you looking for work? Yes No

Total Monthly Household Income:

Income:	Type	Amount/Frequency	Type	Amount/Frequency
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Expenses:	Type	Amount/Frequency	Type	Amount/Frequency
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family & Friends: (We believe in family helping family. We will be calling your family to see how we can all work together to help you with your current situation.)

I attend church regularly at _____

I have asked my church family for assistance? Yes No

If yes, what did they help with? _____

If no, why not? _____

What is the name, phone number and relationship of two of your nearest relatives or close friends?

1. _____

2. _____

Have you contacted any of the following agencies for help? If so, list what they helped with?

Fish 541-672-5242 _____

Salvation Army 541-672-6581 _____

Roseburg Rescue Mission 541-673-3004 _____

UCAN 541-672-3421 _____

Roseburg Dream Center 541-673-5918 _____

Other organizations/agencies? _____

Are you willing to receive mentoring or skill-building from our team? Yes No

What other steps have you taken to help or improve your current situation? _____

Applicant Signature _____

Your signature gives us permission to release this information to LifeCare, a cooperative Douglas County faith-based network. Additionally your signature gives permission to discuss your situation/case with outside agencies and organizations in order for us to better help you and for those agencies and organizations to discuss your case with us.

Internal Use Only:

Request Category Rent Utilities Bus Ticket Funeral Gas Food Clothing Other

Ministry service request notes: _____

Comments: _____

ID provided/photocopied

Proof of Insurance provided/photocopied

Client referred to (agency): _____
