

# ***Needs Ministry Request Form***

Date: \_\_\_\_\_

Name of Person(s) Requesting: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Phone/Contact Person: \_\_\_\_\_

DL# \_\_\_\_\_ SS# \_\_\_\_\_ Married \_\_\_ Divorced \_\_\_ Single \_\_\_

<b>Names of others living in your home:</b>	<b>Relationship</b>	<b>Age</b>	<b>Work Information</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you employed? \_\_\_\_\_ How long \_\_\_\_\_ Where \_\_\_\_\_

Are other family members employed? \_\_\_\_\_

Who? \_\_\_\_\_ Where? \_\_\_\_\_

Are you a member of Center Point Church? \_\_\_\_\_ How Long? \_\_\_\_\_

If you are not a member, how long have you been attending? \_\_\_\_\_

Are you in a Home Team? \_\_\_\_\_ If yes, which one? \_\_\_\_\_

Do you have family and/or friends in the area? \_\_\_\_\_

Type of Need Requested:

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Reason for Request:

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Is there a deadline for this request \_\_\_\_\_ Date: \_\_\_\_\_

List names of friends and family that could help with this need:

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\*\*\*My signature below guarantees the information provided above is accurate and true.

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Signature of Person/Persons Requesting

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Date

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For Office Use Only

Services Provided? \_\_\_\_\_

If not provided, reason for declining: \_\_\_\_\_

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