



## Eagle River Church of the Nazarene

11050 Cross Drive, Eagle River, AK 99577

(907)694-9423

### Emergency Assistance Request Form

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

Name: \_\_\_\_\_

Last

First

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

What need are you currently experiencing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you like us to help meet that need? \_\_\_\_\_

\_\_\_\_\_

What other assistance have you received in the past twelve months? \_\_\_\_\_

\_\_\_\_\_

How did you decide to come to our church for help? (i.e. referred by someone, former attendee, knew where church was, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give Names & Phone Numbers of 2 Personal References:

Name:

Phone Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

**\*The Policy of the church is to provide vouchers for food and to pay any assistance directly (e.g., a check to the utility/gas company or a food voucher). We do not provide cash or write checks to the individual making the request. All information requested is voluntary and does not guarantee that assistance will be provided.\***

#### **Office Use Only:**

ID# \_\_\_\_\_ State \_\_\_\_\_

Assistance Request Log

Name: \_\_\_\_\_  
Last First

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**Assistance**

Date: Assistance Given: By:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Follow-up**

Date: Details (letter or call or visit, who followed up, response, etc.)

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