

Hixson Presbyterian Church, PCA

Diaconate Assistance Request

****Note: No assistance will be provided on the day of request or Mondays****

Date: _____

Name: _____ Date of Birth: ____/____/____ Age: ____

Social Security Number: ____ - ____ - ____

Spouse Name: _____ Date of Birth: ____/____/____ Age: ____

Address: _____

Number of Adults living at residence: ____ Number of Children (with ages): ____

Home or Cell Phone Number: (____) _____

Name and Address of Employer: _____

Employer Phone Number: (____) _____

If unemployed, where were you last employed? _____

Current Income Amount: _____

Source of Income: _____

Food Stamp Income: _____

Other Agencies Visited for assistance: _____

Assistance Received: _____

Have you contacted United Way 211? _____

Type of help needed: _____

Reason for needing help: _____

I authorize Hixson Presbyterian Church to verify any information provided and share information with other churches or agencies in order to help have my need met.

Signature: _____ **Date:** _____

Hixson Presbyterian Church Use Only

Notes: _____

Assistance given: _____ By: _____ Date: _____