



Prince of Peace Center
 P. O. Box 89 • 502 Darr Ave.
 Farrell, PA 16121 • 724-346-5777
 www.princeofpeacecenter.org

Emergency Services

& AWESOME Program Application

Referred by _____

Date _____

Household Information

Last name _____

First name _____

Date of Birth _____

Age _____

Address _____

City _____

State _____

Zip _____

Telephone #1 _____

Telephone #2 _____

Social Security # _____

Veteran? _____

Gender

Male

Female

Marital Status

Married

Single

Ethnicity

Black

Hispanic

Asian

White

Native

Arabic

Other: _____

American

Employment Status

Full-time

Unemployed

Student

Part-time

Disabled

Retired

Other: _____

Medical card

Total in family: _____

List other adults living in home (18 +):	Date of Birth	Age	Gender	Social Security #	Med. Card?
List children living in home (under 18):	Date of Birth	Age	Gender	Social Security #	Med. Card?

Actual paid monthly household expenses:

Rent/Payment	Electric	Gas	Water	Food/Taxable
Phone	Insurance	Other:	Other:	Monthly Total

Actual Household Income (last 30 days):

Employment	Welfare	Food Stamps	SSI / SSD / SS	Unemployment
Child Support	Retirement/Pension	Other:	Monthly Total	Annual Total

Please briefly explain why you are applying for Emergency Assistance/AWESOME:

I hereby give permission for Prince of Peace Center to obtain or release any information that may be helpful to my case. I understand that I may be denied assistance if it is determined that there are others more needy than myself. I attest that the information that I have given is truthful. I understand that if I have given any false information that I can be denied assistance.

Applicant signature

Date

Staff signature

Date

Supervisor signature

Date

I have a prayer request for the prayer book:

I would like someone to pray with me.

FOR OFFICE USE ONLY

Amount	Payable to		Check #	Date sent	FP
\$					
POPC Bucks	For	Referrals Given	Follow-up		
\$					

Agency representative

Date

Case Notes:

