



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

Emergency Assistance & AWESOME

_____ Date

_____ Referred by

1. Head of Household Information:

Male

Female

_____ Last Name _____ First Name

_____ Date of Birth _____ Age

_____ Address

_____ City _____ State _____ Zip

_____ Social Security # _____ Phone

Ethnic Origin:

Black Asian
 White Indian
 Hispanic Hawaiian
 Other: _____

Employment Status:

Full-Time Disabled
 Part-Time Student
 Unemployed Retired

2. List other adults living in home (over 18):

Other Adult's Name	Date of Birth	Age	Sex	Social Security #	Verified?

3. List your children living in home (under 18):

Child's Name	Date of Birth	Age	Sex

Total # of people in family: _____

For office use only

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

_____ Agency Representative

_____ Date

4. Actual paid monthly household expenses:

Please be ready to provide a receipt or proof of payment if asked.

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

5. Actual Household Income (within last 30 days):

Medical Card: Yes No

Employment	Welfare	Food Stamps	SSI/SSD	SS
Child Support	Retired/Pension	Other:	Monthly TOTAL	Annual TOTAL

6. Why do you need Emergency Assistance? Please describe your situation in detail:

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

<input type="checkbox"/> I would like someone to pray with me.
<input type="checkbox"/> I have a prayer request for the prayer book: _____

CASE NOTES
