



In order to get financial or program assistance, you must provide personal ID, proof of Wayne County residency for the past 90 days, proof of income for past 30 days and Social Security cards for EVERYONE in the household.

HEAD OF HOUSEHOLD \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(LAST) Please Print Clearly (FIRST)

SECOND PERSON \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(LAST) Please Print Clearly (FIRST)

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_  
*WE MUST have a valid phone number*

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOUSEHOLD INCOME \$ \_\_\_\_\_

List **OTHER PEOPLE** living in your household.

Circle Below

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Male or Female

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Male or Female

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NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Male or Female

<b>FOR OFFICE USE ONLY</b>	<b>DO NOT WRITE IN THIS BOX</b>	
<input type="checkbox"/> PHOTO ID	<input type="checkbox"/> 30 DAYS PROOF OF INCOME	<input type="checkbox"/> 90 DAYS PROOF OF RESIDENCY
	(ex. any documents with name and address)	<input type="checkbox"/> SOCIAL SECURITY CARDS
		(All members of household)

I give my permission to People To People Ministries, Inc., to release or exchange my information with any other government/social service agency, business, or pertinent party in order to address our needs, and/or to prevent duplication of services. I also realize that services may be denied if I do not provide necessary documentation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_



Special Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MONTH	DAY ONLY	Total # of Family Members Served	Cashier Initials	Value Total
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

**Electrical Appliance (1 yearly)**

Date \_\_\_\_\_

Item \_\_\_\_\_

**Emergency Visit (1 extra visit)**

Date \_\_\_\_\_

Reason \_\_\_\_\_

**Clothing (1) time a year**

1 Winter Coat \_\_\_\_\_

1 Winter Boots \_\_\_\_\_

1 Snow Suit (if available) \_\_\_\_\_

1 Swim Suit \_\_\_\_\_

1 Steel Toes \_\_\_\_\_

(Must have letter from employer)

Client receives (1) per **family member** per year

**Blankets** Quantity \_\_\_\_\_  
 King \_\_\_\_\_ Queen \_\_\_\_\_ Full \_\_\_\_\_ Twin \_\_\_\_\_

**Comforter** Quantity \_\_\_\_\_  
 King \_\_\_\_\_ Queen \_\_\_\_\_ Full \_\_\_\_\_ Twin \_\_\_\_\_

**Sheets** Quantity \_\_\_\_\_  
 King \_\_\_\_\_ Queen \_\_\_\_\_ Full \_\_\_\_\_ Twin \_\_\_\_\_

**Bath Towel Set** Quantity \_\_\_\_\_

**Pillow** Quantity \_\_\_\_\_

Client receives (1) per **family** per year

DATE

\_\_\_\_/\_\_\_\_/\_\_\_\_ Bath Mat/Rug

\_\_\_\_/\_\_\_\_/\_\_\_\_ Cake Pan

\_\_\_\_/\_\_\_\_/\_\_\_\_ Canisters

\_\_\_\_/\_\_\_\_/\_\_\_\_ Casserole Dish

\_\_\_\_/\_\_\_\_/\_\_\_\_ Cookie Sheet

\_\_\_\_/\_\_\_\_/\_\_\_\_ Cooking Utensil (s)

\_\_\_\_/\_\_\_\_/\_\_\_\_ Cooking Utensil (s)

\_\_\_\_/\_\_\_\_/\_\_\_\_ Curtains (s) (2 Windows Only)

\_\_\_\_/\_\_\_\_/\_\_\_\_ Food Storage Containers

\_\_\_\_/\_\_\_\_/\_\_\_\_ Glasses/Cups

\_\_\_\_/\_\_\_\_/\_\_\_\_ Graters

\_\_\_\_/\_\_\_\_/\_\_\_\_ Hand Can Opener

\_\_\_\_/\_\_\_\_/\_\_\_\_ Measuring Cups/Spoons

\_\_\_\_/\_\_\_\_/\_\_\_\_ Mixing Bowls

\_\_\_\_/\_\_\_\_/\_\_\_\_ Pitchers

\_\_\_\_/\_\_\_\_/\_\_\_\_ Plates

\_\_\_\_/\_\_\_\_/\_\_\_\_ Pot Holders

\_\_\_\_/\_\_\_\_/\_\_\_\_ Pots/Pans \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_ Rug (Circle) Bath, Kitchen, Throw

\_\_\_\_/\_\_\_\_/\_\_\_\_ Shower Curtain

\_\_\_\_/\_\_\_\_/\_\_\_\_ Silverware

\_\_\_\_/\_\_\_\_/\_\_\_\_ Skillet

\_\_\_\_/\_\_\_\_/\_\_\_\_ Tea Pot

\_\_\_\_/\_\_\_\_/\_\_\_\_ Towel Set Kitchen

\_\_\_\_/\_\_\_\_/\_\_\_\_ Weight Scale

List of item (s) needed not on the list:

\_\_\_\_\_

\_\_\_\_\_