

COVID 19 ASSISTANCE FORM

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| Number of persons residing in household: | |
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|---|--|---|--|---|
| Adult 1: | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | BSLC Member <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <i>(First Name)</i> | <i>(Last Name)</i> | | |
| | Residence: | <input style="width: 95%;" type="text"/> | | <input style="width: 100%;" type="text"/> |
| | Phone: | <input style="width: 20%;" type="text"/> | <input style="width: 20%;" type="text"/> | <input style="width: 20%;" type="text"/> |
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Have your hours been reduced due to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No | Was your loss of employment due to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| Adult 2: | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | BSLC Member <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <i>(First Name)</i> | <i>(Last Name)</i> | | |
| | Residence: | <input style="width: 95%;" type="text"/> | | <input style="width: 100%;" type="text"/> |
| | Phone: | <input style="width: 20%;" type="text"/> | <input style="width: 20%;" type="text"/> | <input style="width: 20%;" type="text"/> |
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Have your hours been reduced due to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No | Was your loss of employment due to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| | <p>To submit your form please do any of the following:</p> <p>Print this page, fill in and mail to: Good Samaritan Ministry, 3563 Crocus Dr, De Pere, WI 54115</p> <p>Print this page, fill in and scan or take a photo and email it to: church_office@beautifulsavior.com</p> <p>Call 920-676-2702 and provide the information above to us.</p> |
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