

**Lighthouse World Outreach Center  
Personal Assistance Questionnaire/Personal Information**

Date: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

How long have you lived in the area? \_\_\_\_\_

Marital Status:  Married  Divorced  Single  Separated  Widowed

List all persons living in your household (including self): \_\_\_\_\_ Age: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**List of Family or Relatives in the immediate area:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

*Note: Application for immediate personal assistance are referred to F.I.S.H., a community service organization supported by local churches, including LWOC. Some assistance may take several days or weeks and may require an interview, as well as confirmation of information through personal references.*

What is your specific need? \_\_\_\_\_

\_\_\_\_\_

Dollar Amount needed: \$ \_\_\_\_\_

**Church Involvement:**

Church attendance: \_\_\_\_\_ How long attending? \_\_\_\_\_

Times per month: \_\_\_\_\_ Are you a member? \_\_\_\_\_

Previous Church attended: \_\_\_\_\_ Do you tithe? \_\_\_\_\_

Do you consider yourself a Christian?  Yes  No Please explain: \_\_\_\_\_

\_\_\_\_\_

**Employment:**

Present Employer: \_\_\_\_\_ How long? \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ How long? \_\_\_\_\_

Type of work/skills you are qualified to perform: \_\_\_\_\_

\_\_\_\_\_

Please explain other family member's employment situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Monthly Income/Expense Statement

Income/wages (Please list all)	Monthly expenses:	Total Debt:
Income wages:	Rent/Mortgage:	Credit Cards:
Wages per hour:	Car Payment:	Car total cost:
Other Income:	Utilities:	Medical
SSI/Pension:	Food:	Insurance
Child Support/Alimony:	Other:	Past Due bills:
Government Assistance:	Misc:	Other Loans:

What other options have you pursued to resolve this problem? \_\_\_\_\_

\_\_\_\_\_

In what way is your family willing to provide assistance? \_\_\_\_\_

\_\_\_\_\_

Will you agree to attend a budgeting course offered by LWOC? \_\_\_\_\_

Please list two (2) references who can confirm your need (deacon, small group leader, family, or employer)

Name	Relationship	Phone #
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Name	Relationship	Phone#
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How else can we assist you at this time? \_\_\_\_\_

\_\_\_\_\_

#### For Benevolence Ministry Only

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Describe recommendations made, actions taken, and any follow-up (include dates):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_