

# Haven Ministries, Inc.

P.O. Box 44, Chester, MD 21619

Date: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Photo ID shown? Yes No Type: \_\_\_\_\_

Help Requested: \_\_\_\_\_ Amount \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family size: Married or Single? Number of adults \_\_\_\_\_ children \_\_\_\_\_

Names of Adults \_\_\_\_\_  
\_\_\_\_\_

Are you employed? Yes No If yes, name of employer \_\_\_\_\_  
Phone number of employer \_\_\_\_\_  
Length of time with employer \_\_\_\_\_

If no, last date and place of employment  
\_\_\_\_\_

Has Social Services Been Contacted? Yes No  
If yes, what was their response and reason? Who was your contact?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a member of a church? Yes No  
If yes, name of church \_\_\_\_\_  
If no, would you like more information on local churches?

**Other notes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Client:** \_\_\_\_\_

**Assistance Given:**

Date	Church	Assistance	Amount
1.			
2.			
3.			
4.			
5.			

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

I understand that all the above information is confidentially shared with other churches and/or organizations in order that wise decisions can be made.

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

Referrals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1. Call Sandi Wiscott For Verification: 410-739-7859**

**2. Fax to Haven Ministries: 410-745-0944, call first**

**3. Housing Assistance**

*Crossroads Community Inc. 410.924.8192*

*Queen Anne's County Social Services 410.758.8000 QAC Helps 1-866-722-4577*