

STATISTICAL INFORMATION

Date: _____

	<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Membership #</i>
Name:	_____			_____
Spouse:	_____			_____

Additional Number of Dependents: _____ (list names/ages/relationships below)
#

Address: _____

Phone: _____
E-mail: _____

Home Congregation: _____

Mission Center: _____

CASE REPORT

Cause of Need: _____

Funds Used For:

Shelter: _____ Amount : _____

Food: _____ Amount : _____

Clothing: _____ Amount : _____

Medical: _____ Amount : _____

Transportation: _____ Amount : _____

Total : _____

Has this person (family) received aid in the past? (answer Yes or No, if in doubt, email Canadian Headquarters: Heather@CommunityofChrist.ca or call: 1-888-411-7537, ext. 23)

If yes, describe briefly: _____

COMMENTS

IMPORTANT INSTRUCTIONS

1. Secure all information for this report before extending aid.
2. Make sure the amount of aid you are approving is within your authorized limit.
3. Check with Canadian Headquarters for aid history before extending aid.
4. Sign report.
5. Keep a copy for your records.
6. Attach this form to a Request for Oblation Aid Reimbursement (Form OB-102).
7. Submit report timely. Requests over a year old will not be reimbursed.

Reported by: _____
(Bishop/Financial Officer)

Jurisdiction: _____
(Mission Center/Congregation)