

SHOES Ministry Support Request

Name _____

Address _____

Phone _____

How many children are you taking in? _____

How do you know the children or parents?

How many other dependents do you currently have? _____

In generic terms (as to not betray the confidence of the child), how did the child come into your care?

Describe your financial situation.

Are you receiving, or are you expecting to receive, any government support? ____

If so, how much? _____

What support are you requesting from SHOES?

List at least 3 personal references we can contact. If you attend church, please include a pastoral staff member who knows you well. (Church membership is not a requirement for assistance)

Name.

Phone.

Relationship

Does the child have an assigned social worker? ____

If yes, please give us their contact information.

Name

Organization

Phone

How did you hear about SHOES?
