

**GOOD SHEPHERD UNITED METHODIST CHURCH OF THE NORTH
APPLICATION FOR ASSISTANCE**

Recipient's Name: _____ Phone Number: _____

Mailing Address: _____

Driver's License #: _____ Date of Birth: _____

Type of Assistance Requested: (please be specific) _____

Release of Information

I, _____ authorize Good Shepherd United Church to release information regarding this application to other assistance providers in Roscommon County.

Signature of party named above

Date Signed

FOR OFFICE USE ONLY—ASSISTANCE DETERMINATION

Request Approved

Kind of Assistance: _____

Request Denied

Referred to: _____

Authorized by: _____

Date: _____