

Operation Good Shepherd Application

Received at Holy Name Catholic Church • 970-879-0671

Please fill out application COMPLETELY.

You must present a photo ID to receive services.

Please let us know if you would like spiritual encouragement.

APPLICANT:

First Name _____ Middle Initial _____ Last Name _____

Date of Birth: _____ Phone # _____ Email: _____

Type of ID: _____ ID#: _____ State/Country _____

Address _____
Street _____ City _____ State _____ Zip code _____

How long have you lived at the above address? _____

Religion _____ Local Church _____

SPOUSE/SIGNIFICANT OTHER:

First Name _____ Middle Initial _____ Last Name _____

Date of Birth: _____ Phone # _____ Email: _____

How many children in the household? _____ Ages? _____

Please explain specifically why you are seeking assistance from Holy Name Catholic Church’s Operation Good Shepherd.

INCOME:

Applicant	Employer: _____	Date of next paycheck _____
Monthly Income:	\$ _____ hourly wage _____ hours a week = \$ _____ Total (x4 weeks)	
OTHER INCOME:	Retired/SSI: monthly amount _____	Disability/SSDI: monthly amount _____
List any other income (This includes rent from roommates, etc.) _____		
Co-Applicant	Employer: _____	Date of next paycheck _____
Monthly Income:	\$ _____ hourly wage _____ hours a week = \$ _____ Total (x4 weeks)	
OTHER INCOME:	Retired/SSI: monthly amount _____	Disability/SSDI: monthly amount _____
List any other income (This includes rent from roommates, etc.) _____		

TYPE OF ASSISTANCE REQUESTED Housing Medical Utilities Other

Have you asked for assistance from any other agency? _____ If yes, which agency? _____

Please **ONLY** fill out the section where financial assistance is requested.

HOUSING ASSISTANCE: Which months rent are you seeking? _____

Name of Landlord / Mortgage Co _____ Phone # of Landlord _____

Address of Landlord / Mortgage Co _____

Amount of monthly payment _____ Total amount owed as of this date _____ How much can you contribute? _____

Amount requested _____ What is your plan for paying next month? _____

HEALTHCARE ASSISTANCE INFORMATION Medical Dental Vision Prescription

Medical Provider: _____ Phone #: _____

UTILITY ASSISTANCE INFORMATION Gas Electric Propane Water Other

Company Name: _____ Account #: _____

APPLICANT'S ACKNOWLEDGEMENT

The information given on this application is true to the best of my knowledge. I release, waive, indemnify, and hold Holy Name Catholic Church harmless from and against any/all claims for damage, injury, or expenses of any kind.

I (**print name**) _____, hereby authorize the staff of Holy Name Catholic Church/Operation Good Shepherd to obtain and/or share information necessary from/with any other person or organization that may be helpful in receiving assistance from Operation Good Shepherd for emergency purposes (i.e. landlord, employer, churches, DHS, medical provider, law enforcement, etc.). I understand that all information requested is solely for the purpose of receiving help with my emergency needs and will be held in confidence. The above information is true and complete to the best of my knowledge. I understand that, if I am eligible, Operation Good Shepherd will write a check directly to the vendor (i.e. landlord/mortgage company, medical office, etc.).

Applicant's signature _____ Date _____

FOR OFFICE USE ONLY

Case Notes

Category _____ Amount _____ Approval _____