

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, call Fiscal Services: 1-800-825-2806, ext. 1385)

If yes, describe briefly: _____

COMMENTS

IMPORTANT INSTRUCTIONS

1. Secure all information for this report before extending aid.
2. Make sure that the amount of aid you are approving is within your authorized limit.
3. Check with Fiscal Services 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).

Reported by: _____
(Bishop/Financial Officer)

Jurisdiction: _____
(Mission Center/Congregation)