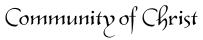


(Mission Center/Congregation)



1001 W. Walnut St. Independence, MO 64050-3562 USA

STATISTICAL INFORMATION	ON			
Last	First	Date:		Membership #
Name:				
			_	
dditional Number of Depende	ents: (list nan	nes/ages/relationships belo	w)	
Address:		Phone:		
		E-mail:		
Home Congregation:		Mission Center:		
ASE REPORT				
ause of Need:				
ınds Used For:				
Shelter:			Amount :	
Food:			Amount :	
			Amount : _	
			Amount : _	
ransportation:			Amount :	
			Total :	
as this person (family) receive yes, describe briefly:	ed aid in the past? (answer Y	es or No, if in doubt, call Fi	scal Services:	1-800-825-2806, ext. 13
OMMENTS				
IMPORTANT INSTRUCTI	ONS			
1. Secure all information for this rep	oort before extending aid.	Reported by:	/p: :	/F'
Make sure that the amount of aid limit.	d you are approving is within your authorize	ea	(Bish	op/Financial Officer)
3. Check with Fiscal Services for aid	history before extending aid.	Jurisdiction:		

5. Keep a copy for your records.

6. Attach this form to a Request for Oblation Aid Reimbursement (Form OB-102).