**Armful of Love Application Form**

**for St. James’ Families**

**Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number(s): H \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Names and ages of family members who are included in this application:**

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**Do you worship at St. James? Yes \_\_\_\_ No \_\_\_\_**

**Reason for needing Armful of Love assistance** (e.g., job loss, low income, excessive medical bills, disability, family situation change):

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**List all help you receive from other agencies or services** (e.g., housing, food shelf, SNAP, WIC, energy assistance, disability) that will be used to determine if you may need additional help from social service agencies. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please complete the above application by October 6, 2019 and place it in the Armful of Love mailbox in the church office. If you have any questions please contact the church office Email:communication@stjameslc.com/952-890-4534**