

## Family in Need

If you or someone you know is experiencing financial difficulty and require help this holiday season complete the form below and place it in a sealed envelope marked to the attention of St. Vincent DePaul (SVDP). Place the envelope in the Poor boxes located in the church.

**Please return no later than Wed November 8<sup>th</sup>.**

An SVDP member will contact the family using a blocked phone number. They will review the holiday request and the family financial situation to assess how best to assist. A SVDP home visit may be needed to complete the financial assessment and determine if additional financial assistance is in order. All information will be held in strictest confidence by the SVDP ministry.

**We are asking for only those people/families located within our parish boundaries. They do not have to be members of our parish.** If you are referring someone, please list your contact information and ask the family's permission before turning in this form.

*Please PRINT CLEARLY and fill in all fields to help expedite the process*

Head of House Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Best time to be reached: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Referral contact: \_\_\_\_\_ Referral contact phone: \_\_\_\_\_

Special notes: \_\_\_\_\_

**If you have more than 4 family members please use a second form and attach together when submitting**

Member #	First Name	Sex	Age	Relation to head of household
1				
2				
3				
4				

**NOTE: Clothing and shoes - please list size and color preference below**

Member #	List item 1	List item 2	List item 3
1			
2			
3			
4			