



Dear Applicant,

On the reverse side is our 2013 Thanksgiving Assistance Application. To receive holiday assistance through Love In the Name of Christ you must:

Live in Grandville, Jenison, or Hudsonville

OR

Attend a church participating with Love INC

OR

Have children that could/can/do attend a school in our service area (Grandville, Jenison or Hudsonville)

BEFORE you fill out the attached form you **MUST CALL** the Clearinghouse at 616-662-3300 between 9:00 am and 1:00 pm Monday - Thursday **ASAP** but **no later than Thursday, November 7, 2013** to complete a **new** phone intake. It will be part of Love INC's effort to provide you with the best assistance for your situation. The intake will last for 30 to 40 minutes.

In an effort to serve the many families that are in need of holiday assistance and avoid duplication of services, Love INC works in cooperation with the Salvation Army and other agencies throughout Ottawa County. **You may receive holiday assistance through only one agency/church within the county.** **If you have applied for holiday assistance through another agency/church, please be aware that your request for assistance through Love INC will be denied.**



TURN PAGE OVER



LOVE IN THE NAME OF CHRIST

2013 Thanksgiving Assistance Application

Love INC, attn: Karla ~ 3300 Van Buren, Hudsonville MI 49426 ~ (616) 662-3300 x130
PLEASE RETURN THIS APPLICATION NO LATER THAN **Thursday, NOVEMBER 7.**

ASSISTANCE ELIGIBILITY

Have you applied for Thanksgiving assistance from any other agency/organization this year?

YES NO

If you have applied for holiday assistance through another agency/church, please be aware that your request for assistance through Love INC will be denied.

Are you currently enrolled in the LOVING HELP Budget Program?

YES NO see box below

If you answered no to the above question, please complete this step → **PRIOR** to turning in this application.

BEFORE you fill out this form you MUST CALL our Clearinghouse at 662-3300 between 9am and 1pm Mon.-Thur. ASAP but no later than Thursday, November 7, 2013 to complete a new phone intake. It will be part of Love INC's effort to provide you with the best assistance for your situation. The intake will last for 30 to 40 minutes. (Only one intake need be completed for Thanksgiving & Christmas applications.)

Date completed & name of intake worker: _____

CONTACT INFORMATION

Adult 1: Last Name	First	Last 4 digits of SSN _ _ _ _
Adult 2: Last Name	First	Last 4 digits of SSN _ _ _ _
Street Address	Apartment/Unit #	
City	Zip code	
Phone Number: ()	Alternate Phone number: ()	
Email:	Church home (if any):	

CHILDREN

Child # 1 Age:	First & Last Name
Child # 2 Age:	First & Last Name
Child # 3 Age:	First & Last Name
Child # 4 Age:	First & Last Name
Child # 5 Age:	First & Last Name
Child # 6 Age:	First & Last Name
Child # 7 Age:	First & Last Name

