



Valley View Church  
**Assistance Request**

Screener \_\_\_\_\_  
 Approval Code

DATE \_\_\_\_\_

Project HOPE Compassion Ministries exists to change lives through the love of Christ. Our resources are directed to areas with the greatest needs, set forth within the program structure.

**Step 1:** Please complete the following information, which will help us determine how Project HOPE might be able to serve you.

**Step 2:** Return the Assistance Request form to Valley View Church. Someone from Project HOPE will follow up with you. Please note that depending on your needs and circumstances, it might be necessary for you to provide additional information, including references and monthly income. All information is held in the strictest of confidence.

**Step 3:** You will be notified as quickly as possible as to whether Project HOPE is able to assist you.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **APT. #** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE: (Daytime)** \_\_\_\_\_ **(Evening)** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**CIRCLE ONE:**    MALE                  FEMALE                  **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**MARITAL STATUS:** \_\_\_Single \_\_\_Married \_\_\_Engaged \_\_\_Separated \_\_\_Divorced \_\_\_Widowed

Are you a member of Valley View Church? If not, please let us know if and where you attend church.

Who referred you to Project HOPE, or how did you learn about it?  
 \_\_\_\_\_

Please describe your need(s) and any anticipated costs associated with it/them:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe any issues or circumstances that hinder you from meeting the above need(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_