

Newark Church of Christ

Name: _____

Phone: _____ Tag #: _____

Email Address _____

A. ENCOURAGEMENT MINISTRY SUPPORT SURVEY

Please check off all that you may need Resources for:

<input type="radio"/> Housing Leads & Information	<input type="radio"/> Child Care Leads & Information	<input type="radio"/> DCP&P Assistance & Information
<input type="radio"/> Food Pantry's & Information	<input type="radio"/> Adult Care Information	<input type="radio"/> Domestic Violence
<input type="radio"/> Rental Assistance Information	<input type="radio"/> Employment Leads & Information	<input type="radio"/> Hair Loss Information
<input type="radio"/> Life Insurance Information	<input type="radio"/> Resume Assistance	<input type="radio"/> Dental Information
<input type="radio"/> Mental Behavioral - Referrals	<input type="radio"/> Eye Care Information Legal	<input type="radio"/> Nutrition Ideas
<input type="radio"/> Stress Management- Referrals	<input type="radio"/> Buying a Car Leads & Information	<input type="radio"/> House Cleaning Providers
<input type="radio"/> College Preparation Information	<input type="radio"/> Homeownership Information	<input type="radio"/> Funeral Arrangements
<input type="radio"/> Cooking Information	<input type="radio"/> Advice Information	<input type="radio"/> Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. BENEVOLENCE, SOCIAL SERVICE, & THERAPEUTIC SUPPORT

Please check additional Support you may need.

Benevolence

Crisis Intervention

Bereavement

Spiritual Advisement

C. SUPPORTERS SOLICITED

Check here if you have information, skills, abilities, etc. to provide.