

Seeds of Grace Assistance Application

Date _____

First and Last name _____

Age _____

Physical address _____ Household #Adult ___ #Children ___ #SR ___

City _____ Zip _____ Cell Phone _____

Email _____ Home Phone _____

Service/Need requested and why? _____

Referred by or how did you hear about us: _____

Do you currently work? (Circle all that apply) Yes No Part Time Full Time

Who is in your life that is a support to you during your times of need? (Circle all that apply)

Friends Family Church Other: _____

Which services do you currently use that are available to you? (Circle all that apply)

Marysville Food Bank SOG Resource Center DSHS EBT WIC Housing (Sec. 8) SSI

Other: _____

Are you willing to participate *in* or be referred to available resources: Yes / No (Circle all that apply)

Meet with a SOG Resource Consultant (required) Volunteerism Free Resume Basic Budgeting

Job Training Interview Coaching Life Skill Classes Spiritual Guidance (Biblical) Housing

Chemical Dependency Conflict Resolution Education (GED) Work for Financial Assistance

IN ORDER TO RECEIVE MONITARY HELP, YOU MUST:

Reside within the service area for this distribution site (North Snohomish County). If you are homeless, able to give a temporary address.

Assistance requests are offered on a case-by-case basis. Clients will be asked to participate in a “Pay It Forward” agreement, an ‘action based’ plan to help individuals grow their own personal advancement and help fulfill their needs. This volunteer partnership provides opportunities to “pay it forward” while gaining and renewing skills in a hands-on approach, aligning with our philosophy that “everyone has something to bring to The (SOG Resource) Exchange” (Prov 14:23 NLT)

Recipient Signature: _____ Date _____

For Office Use Only

Attach Forms of ID:

Proof of address:

