

Pink Baptist Church
Pink H.U.G.S. Ministry

Please indicate the area (school district) in which you live:

_____ Little Axe _____ Bethel _____ Macomb _____ Dale

PROPER IDENTIFICATION REQUIRED: Driver's License/State ID/Military ID

PROOF OF RESIDENCY REQUIRED: Current utility bill

YOU ARE ALLOWED ONE VISIT PER MONTH FOR GROCERIES (1 BAG PER FAMILY)

YOU ARE ALLOWED 6 VISITS PER YEAR FOR CLOTHING (10 ITEMS PER PERSON)

LAST NAME

FIRST NAME

M.I. M/F

D.O.B.

SPOUSE'S NAME (if applicable)

ADDRESS

CITY

ZIP

TELEPHONE NUMBER

Married: ___ Single: ___ Separated: ___ Divorced: ___

NAMES OF DEPENDANTS (Living in household):

M/F

D.O.B.

1. _____
2. _____
3. _____
4. _____

PLACE OF EMPLOYMENT: Self _____
Spouse _____

CHURCH MEMBERSHIP/ATTENDANCE: _____

This information is true and correct to the best of my knowledge.

Applicant Signature

Date

Pink H.U.G.S. Representative