

# Operation Good Shepherd Application

Received at Holy Name Catholic Church • 970-879-0671

Please fill out application COMPLETELY.

**You must present a photo ID to receive services.**

*Please let us know if you would like spiritual encouragement.*

## APPLICANT:

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Type of ID: \_\_\_\_\_ ID#: \_\_\_\_\_ State/Country \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip code

How long have you lived at the above address? \_\_\_\_\_

Religion \_\_\_\_\_ Local Church \_\_\_\_\_

## SPOUSE/SIGNIFICANT OTHER:

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

How many children in the household? \_\_\_\_\_ Ages? \_\_\_\_\_

Please explain specifically why you are seeking assistance from Holy Name Catholic Church's Operation Good Shepherd.

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## INCOME:

**Applicant** Employer: \_\_\_\_\_ Date of next paycheck \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_ hourly wage \_\_\_\_\_ hours a week = \$ \_\_\_\_\_ Total (x4 weeks)

**OTHER INCOME:** Retired/SSI: monthly amount \_\_\_\_\_ Disability/SSDI: monthly amount \_\_\_\_\_

List any other income (This includes rent from roommates, etc.) \_\_\_\_\_

**Co-Applicant** Employer: \_\_\_\_\_ Date of next paycheck \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_ hourly wage \_\_\_\_\_ hours a week = \$ \_\_\_\_\_ Total (x4 weeks)

**OTHER INCOME:** Retired/SSI: monthly amount \_\_\_\_\_ Disability/SSDI: monthly amount \_\_\_\_\_

List any other income (This includes rent from roommates, etc.) \_\_\_\_\_

TYPE OF ASSISTANCE REQUESTED ☐ Housing ☐ Medical ☐ Utilities ☐ Other

Have you asked for assistance from any other agency? \_\_\_\_\_ If yes, which agency? \_\_\_\_\_

Please **ONLY** fill out the section where financial assistance is requested.

**HOUSING ASSISTANCE:** Which months rent are you seeking? \_\_\_\_\_

Name of Landlord / Mortgage Co \_\_\_\_\_ Phone # of Landlord \_\_\_\_\_

Address of Landlord / Mortgage Co \_\_\_\_\_

Amount of monthly payment \_\_\_\_\_ Total amount owed as of this date \_\_\_\_\_ How much can you contribute? \_\_\_\_\_

Amount requested \_\_\_\_\_ What is your plan for paying next month? \_\_\_\_\_

**HEALTHCARE ASSISTANCE INFORMATION** ☐ Medical ☐ Dental ☐ Vision ☐ Prescription

Medical Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

**UTILITY ASSISTANCE INFORMATION** ☐ Gas ☐ Electric ☐ Propane ☐ Water ☐ Other

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

#### APPLICANT'S ACKNOWLEDGEMENT

The information given on this application is true to the best of my knowledge. I release, waive, indemnify, and hold Holy Name Catholic Church harmless from and against any/all claims for damage, injury, or expenses of any kind.

I (print name) \_\_\_\_\_, hereby authorize the staff of Holy Name Catholic Church/Operation Good Shepherd to obtain and/or share information necessary from/with any other person or organization that may be helpful in receiving assistance from Operation Good Shepherd for emergency purposes (i.e. landlord, employer, churches, DHS, medical provider, law enforcement, etc.). I understand that all information requested is solely for the purpose of receiving help with my emergency needs and will be held in confidence. The above information is true and complete to the best of my knowledge. I understand that, if I am eligible, Operation Good Shepherd will write a check directly to the vendor (i.e. landlord/mortgage company, medical office, etc.).

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

Case Notes

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Category \_\_\_\_\_ Amount \_\_\_\_\_ Approval \_\_\_\_\_