

PARTNERS IN CHRIST – SERVICE REQUEST

ST. BERNARD'S CHURCH

4001 E. 101st St. Tulsa, OK 74137

Phone: 918-299-9406 Fax: 918-299-7796

For Office Use Only:

CASE # _____

Date Assigned: _____

Group Assigned: _____

SPONSOR INFORMATION SECTION (person referring the Applicant(s) for assistance)

Request Date: _____ Request Completed by (Sponsor): _____

Sponsor Phone #s: Home _____ Work or Cell _____

St Bernard's Church Member? _____ **** Note: Please make sure you have discussed this request with the Applicant, and he/she has agreed to apply for assistance from PIC****

DESCRIPTION OF NEED(S) – Be specific as to what this person(s) needs assistance with and date required (use additional page, if necessary).

1.

When does assistance need to start? _____

2.

When does assistance need to start? _____

3.

When does assistance need to start? _____

APPLICANT(S) IN NEED OF SERVICE(S):

Applicant(s) Name(s): _____ Age: _____

_____ Age: _____

Address: _____

City/State/Zip: _____

Phone #s: _____

If a family, please list names of children and any other adults in need plus their ages:

Thanks for your application! A PIC representative will be in contact once the application has been reviewed.