

Kalkaska Area Interfaith Resources
New Guest Form
Approval of Guest Assistance

Client Name: _____ Date of Birth: _____

Social Security #: _____

Spouse or other adult: _____ Date of Birth _____

Social Security #: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Phone: _____ Number of Adults: _____

Children within household - Name and Date of Birth:

DOB _____	DOB _____
DOB _____	DOB _____
DOB _____	DOB _____

Service Requested: _____

Household Income Source(s): _____

Income Amount: Weekly \$ _____ Bi-Weekly \$ _____ Monthly \$ _____

Monthly Bills: Rent _____ Heat _____ Phone/Cell Ph _____

Electricity _____ Auto _____ Groceries _____ Cable/TV _____

FOR OFFICE USE ONLY!

Comments: _____	Agency _____	Amount Requested _____	Amount Authorized _____
_____	KAIR		
_____	FFF		
_____	St.Mary's		
_____	Self		

I give permission to KAIR to advocate on my behalf. This includes speaking to other parties involved in resolving the matter in which I am requesting assistance.

(Guest Signature) Date: _____

Form Prepared by: _____ Date: _____

Amount Approved: _____ Delivered: _____