

Date QSBC Received _____ Appointment Date _____ Time _____ Application Completed _____ CLIENT ID# _____

QUAIL SPRINGS BAPTIST UTILITY ASSISTANCE APPLICATION

APPROVED ZIP CODES: 73003, 73012, 73013, 73114, 73116, 73120, 73132, 73134, 73142, 73162

NAME _____ ADDRESS _____ CITY _____ ZIP _____

PHONE _____ MARITAL STATUS: M ___ S ___ D ___ W ___ VETERAN ___

SOCIAL SECURITY # _____ # of Adults in home? _____ # of Children in home? _____ Ages: _____

(If you have children, fill out the children information on back)

DATE OF BIRTH _____ AGE _____ EMAIL _____

SPOUSE' NAME _____ SPOUSE' SOCIAL SECURITY _____ PHONE _____

QSBC MEMBER: YES ___ NO ___ REFERRED BY: _____ EMPLOYED/WHERE _____

Have you received assistance from any of the following sources in the last year? (Select all that apply) None ___ Family ___ Friends ___ Unemployment ___
Social Security ___ Disability ___ Food Stamps ___ Day Care ___ Housing Assistance ___ Other Churches or Organizations ___

ASSISTANCE REQUESTED: OG&E \$ _____ ONG \$ _____ WATER \$ _____ OTHER: _____ PANTRY ___ CHILDREN'S CLOTHING CLOSET _____

NAME ON UTILITY: _____ ACCOUNT # _____

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NAME ON UTILITY: _____ ACCOUNT # _____

MONTHLY INCOME:

JOB \$ _____ SOCIAL SECURITY \$ _____ FOOD STAMPS \$ _____ DISABILITY \$ _____ UNEMPLOYMENT \$ _____ CHILD SUPPORT \$ _____

RETIREMENT \$ _____ FAMILY \$ _____ FRIENDS \$ _____

YOUR SIGNATURE (Giving permission to verify your application) _____

ATTACH A COPY OF CURRENT UTILITY BILL, PHOTO ID & PLACE IN THE BOX FOR REVIEW (WE WILL CONTACT YOU)

DO NOT WRITE BELOW THIS LINE – PERSONNEL ONLY

IN COMPUTER ___ UTILITY VERIFIED ___ POSTED ___ TRACKER ___ CONTACTED: DATE _____ L/M _____

DENIED ___ APPROVED ___ PLEDGED: _____ PLEDGED: _____ POSTED ___ DATE NOTIFIED _____

UTILITY NOTES: _____

(GO TO THE OTHER SIDE FOR FOOD PANTRY AND CHILDREN'S CLOTHING CLOSET)

Date QSBC Received _____ Appointment Date _____ Time _____ Application Completed _____ CLIENT ID# _____

QUAIL SPRINGS BAPTIST FOOD PANTRY & CHILDREN'S CLOTHES CLOSET ONLY APPLICATION

APPROVED ZIP CODES: 73003, 73012, 73013, 73114, 73116, 73120, 73132, 73134, 73142, 73162

NAME _____ ADDRESS _____ CITY _____ ZIP _____

PHONE _____ MARITAL STATUS: M ___ S ___ D ___ W ___ VETERAN ___

SOCIAL SECURITY # _____ # of Adults in home _____ # of Children in home _____ (See below)

DATE OF BIRTH _____ AGE _____ EMAIL _____

SPOUSE' NAME _____ SPOUSE' SOCIAL SECURITY _____ PHONE _____

QSBC MEMBER: YES ___ NO ___ REFERRED BY: _____ EMPLOYED/WHERE _____

ASSISTANCE REQUESTED? FOOD PANTRY _____ CHILDREN'S CLOTHING CLOSET _____ (Sizes Newborn to Size 10)

HAVE YOU RECEIVED FOOD OR CLOTHING ASSISTANCE? _____ IF SO, WHERE AND WHEN? _____

Children in the Home:

Name: _____ Birthdate: _____ Age: _____ Clothes Size _____ Shoe Size _____

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Name: _____ Birthdate: _____ Age: _____ Clothes Size _____ Shoe Size _____

YOUR SIGNATURE (Giving permission to verify application) _____

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IN COMPUTER ___ TRACKER ___ APPOINTMENT _____ L/M _____ POSTED _____

(GO TO THE OTHER SIDE TO APPLY FOR UTILITY ASSISTANCE)