

Of One Accord Ministry

The Shepherd's Center
306 East Main St.
Rogersville, TN 37857
423-272-4626

The Shepherd's Corner
P.O. Box 393
Sneedville, TN 37869
423-733-1505

Emergency Services Food Pantry
P.O. Box 1239
Church Hill, TN 37642
423-357-7228

OUR MISSION: Of One Accord is a cooperative effort of area churches and agencies whose mission it is to identify and meet the needs of our community with the Love of Jesus.

Name _____ Age _____ Spouse _____ Age _____

Social Security # _____ Spouse S.S.# _____

Address (Street) _____ Apt # _____

City _____ Zip _____ Phone # _____ - _____

Other Household Members:

Name	Age	Social Security #	Relation to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand the questions on this application and I authorize agency representatives to verify this information with any authorized agency or individual as needed. I give permission for the Department of Human Services to release information to Of One Accord regarding my qualification for assistance. In the event I receive any government foods, I certify all information given here is true and correct. I understand that misrepresentation of need or sale, or exchange of USDA commodities is prohibited and could result in a fine, imprisonment or both.

Signature _____ Date _____ Interviewer _____

Do you have a church affiliation? _____ If yes, where do you attend? _____

Applicant's employer _____ Phone _____

Spouse's employer _____ Phone _____

Explanation of Crisis _____

Of One Accord Ministry-Emergency Food Service

Family Income

Employment Income _____ Foodstamps _____

Spouse's Employment _____ WIC _____

Families First _____ Tenn-Care _____

Child Support _____ LIEAP Asst. _____

SS _____ Un-Employmt _____

SSI _____

Other _____ Total Income _____

Receive Food Stamps _____ Amt. Rec'd _____ Date Rec'd _____ If Not, Why? _____

_____ Caseworker? _____

Does anyone outside your household pay or help you pay any of the bills above? yes ___ no ___
If yes, which ones _____

What was the last year of school completed? _____ Do you have your GED? _____

Are you able to read the newspaper? yes ___ no ___

Are you disabled? yes ___ no ___ If yes, what is your handicap _____

What is your mode of transportation? Walk _____ Hire _____ Car _____ Truck _____

Comments/Crisis Explanation: _____

EXPENSES

	Amount	Day of Month Due
Rent or Mtg. Payment	_____	_____
Car Payment	_____	_____
Average gas usage	_____	_____
Car Insurance	_____	_____
Other Insurance	_____	_____
TennCare	_____	_____
Electric	_____	_____
Water/Sewage	_____	_____
Heat/oil/gas/coal	_____	_____
Telephone	_____	_____
Cable	_____	_____
Medical Bills	_____	_____
	_____	_____
	_____	_____
1. Security Finance	_____ 6.	_____
2. Hawkins Cty Finance	_____ 7.	_____
3. E-Z Rentals	_____ 8.	_____
4. Henard's	_____ 9.	_____
5. A Check Cashing Center	_____ 10.	_____
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Total Dollars In (excluding food stamps)	_____	
Total Dollars Out (expenses)	(-) _____	
Total	_____	
Total Food Stamps	(+) _____	
Total Left over after all expenses	_____	

