

Blessing Baskets Application for Distribution

CONTACT INFORMATION

Name: _____

Address, City, State, Zip: _____

Phone Number: _____ E-mail Address: _____

HOUSEHOLD INFORMATION

Number in household: _____

Number of Children under 18 years of age: _____

Age/Gender/Size of each child: ____/____/____ ____/____/____ ____/____/____ ____/____/____

Number of Elderly in the household: _____ Needs: _____

List any food, soap or other allergies in the household: _____

Do you have any cats or dogs in the household? Yes Cat Dog No

Pet food provided depending upon availability

CHURCH HOME INFORMATION

Do you have a home church? YES NO

If YES would you please share your home church name/city location?

Home Church _____/_____

If NO would you feel comfortable with a church contacting you in the future?

Yes No By/ Phone call: E-mail: Personal Visit:

Do you have a denominational preference? _____

*All applications must be mailed or E-mailed to arrive no later than one week prior to distribution.
(Exceptions can be made upon request for urgent or emergency needs)*

*Distribution will be the third Sunday of each month from 4:30 P.M.-5:30 P.M. at our partner locations
Live Church 1244 US Highway 60 E, Republic, MO 65738. (Delivery available for disabled, elderly
and other special circumstances upon request)*

Signature

Date

In the future would you be willing to share your story, either in person or on video, of how the Republic Community and/or Churches have influenced or changed your life? Yes No

Email Address: info@blessing-baskets.com

Website: www.blessing-baskets.com

PO Box 82 Republic, MO 65738