

**STATISTICAL INFORMATION**

Date: \_\_\_\_\_

<i>Last (Family Name/Surname)</i>	<i>First (Given)</i>	<i>M.I.</i>	<i>Membership #</i>
Name: _____	_____	_____	_____
Spouse: _____	_____	_____	_____

Additional Number of Dependents: \_\_\_\_\_ (list names/ages/relationships below)  
#

\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Home Congregation: \_\_\_\_\_

Mission Center: \_\_\_\_\_

**CASE REPORT**

Cause of Need: \_\_\_\_\_  
\_\_\_\_\_

*Funds Used For:*

Shelter: _____	Amount : _____
Food: _____	Amount : _____
Clothing: _____	Amount : _____
Medical: _____	Amount : _____
Transportation: _____	Amount : _____
	Total : _____

Has this person (family) received aid in the past? \_\_\_\_\_ (answer Yes or No, if in doubt, email Fiscal Services: [oblation@cofchrist.org](mailto:oblation@cofchrist.org))

If yes, describe briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT INSTRUCTIONS**

1. Secure all information for this report before extending aid.
2. Make sure the amount of aid you are approving is within your authorized limit.
3. Check with Fiscal Services for aid history before extending aid.
4. Sign report.
5. Keep a copy for your records.
6. Attach this form to a Request for Oblation Aid Reimbursement (Form OB-102).
7. Submit report timely. Requests over a year old will not be reimbursed.

Reported by: \_\_\_\_\_  
(Bishop/Financial Officer)

Jurisdiction: \_\_\_\_\_  
(Mission Center/Congregation)