



Neighbors Helping Neighbors

P.O. Box 1882 ♦ 7311 Martinsburg Pike ♦ Shepherdstown, WV 25443 ♦ 304-876-3325 ♦ www.gsivc.org

PROJECT REQUEST FORM

****ALL INFORMATION IS NEEDED WHEN PROCESSING YOUR APPLICATION****
(All information will be kept confidential and will help us in providing you services)

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

General Location: _____

Sex: _____ Ethnicity: _____

Home Phone: _____ Other Phone: _____

E-mail: _____

How did you hear about us or who referred you: _____

Marriage Status: _____ Who else lives in your home: _____

Religion or Faith: _____

Church or Congregation: _____

Location: _____

PERSON TO CONTACT I CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Mobile: _____

PLEASE LIST (2) FRIENDS OR FAMILY MEMBERS THAT ARE AWARE OF YOUR SITUATION THAT
REQUIRES HELP:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Mobile: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Mobile: _____

PLEASE COMPLETE THE FOLLOWING PART OF THE FORM IF YOU ARE NOT THE PERSON TO
RECEIVE CARE:

AGENCY OR INDIVIDUAL MAKING REFERRAL:

Name: _____ Agency: _____

Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

PROJECT INFORMATION:

Please describe your need: _____

Explain why this will help you: _____

What financial support can you or your family offer toward this project: _____

ESTIMATED POVERTY LEVEL:

The following information is gathered for organizational and funding purposes only. All information will be kept confidential and will not affect your Care Receiver eligibility status or any services provided to you by Good Shepherd Caregivers.

2016 Federal Poverty Level Guidelines

Family Size	100% Annual	100% Monthly	135% Monthly
1	\$11,880	\$990	\$1,336
2	\$16,020	\$1,335	\$1,802
3	\$20,160	\$1,680	\$2,268
4	\$24,300	\$2,025	\$2,733
5	\$28,440	\$2,370	\$3,199
6	\$32,580	\$2,715	\$3,665

(Circle one)

Family Size: _____ Household Income: _____ **(Weekly Monthly Yearly)**

****ACCORDING TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 2016 POVERTY GUIDELINES****

All data is used for grant and statistics only. Income level will not be associated with the individual, but only anonymous.

Good Shepherd Interfaith Volunteer Caregivers will use your pictures and stories for newsletters and other media.

Applicants Signature: _____ Date: _____