

God's Way Ministries, Inc.

1 N. Maple Ave
Milford, DE 19963
Phone: 302-422-3033
Fax: 302-422-3272

Beds for Kids Outreach Application Request Form

When submitting this form:

- Make sure the form is completed in its entirety
- Fax application to the main office

Approval Process:

- * The application will be reviewed
- * Referral source may be contacted
- * If approved, confirmation will be sent via email.

****MUST HAVE A REFERRAL**

Acceptable referral sources:

- | | | |
|------------------------------|---------|------------------------------|
| *Division of Family Services | *Church | *Children and Families First |
| *Division of Social Services | *Pastor | *Prison System |

Name: _____
 Address: _____
 Phone: _____
 Email: _____

Referral Source: Name: _____
 Phone: _____
 Title: _____
 Agency: _____
 Email: _____

Number of Children: ____ Ages: _____

Number of beds requesting: _____ Type of bed: ____ Twin ____ Bunkie

Are your children currently living with you? ____
 Please briefly describe you reason for applying for beds:

Can your agency contribute any financial assistance? _____
 Date bed(s) with be picked up/delivered: _____

Signature: _____

OFFICE USE ONLY

Request accepted? YES NO Mattress(es) transferred to which location? _____
 Mattress(es) received by Requester? YES NO

For Requester: I have received mattresses from God's Way. I understand that this is from "Beds for Kids" outreach and I accept mattress(es) "AS IS".

Signature

Date