



OPERATION "HOPE" CHEST APPLICATION

Jersey Shore United:

JSU is a faith based organization that assists all families in need regardless of sex, religion, race, or affiliation. Our "Hope" Chest is designed to show the love of Christ by providing all of the essential house wares needed when a family first moves in. Each "Hope" Chest is full of house hold items like dishes, silverware, pots and pans, pillows, sheets, towels etc to get a family on their feet night one. We serve the residents of New Jersey that are impacted from Natural and Personal Disasters. JSU returns the families back into their homes with restored strength in mind, spirit and faith.

Home Presentation:

JSU delivers your "Hope" Chest directly to your home and includes a family Bible. Regardless of your faith JSU will deliver your chest to needy families. A family's faith has nothing to do with qualifying for a "Hope" Chest. Our vision is to reflect the glory of Christian service to the people of New Jersey in need. We offer prayer, emotional and physical support to hurting families to help restore, strengthen and rebuild their lives, homes and communities.

Date _____

NAME _____ # of people living in household _____

Please list names and ages _____

Address of damaged dwelling _____

Address where you are living now _____

Phone #s 1. _____ 2. _____

E-mail _____

Alternate Contact _____

Employment (self) Retired___ Employed___ Unemployed___ US VETERAN: YES___ NO___
(spouse) Retired___ Employed___ Unemployed___ YES___ NO___

Primary Resident Yes ___ No___ Square Footage of Home _____ # of Story's _____ Renter _____

DIRECT DAMAGE TO 1ST FLOOR OF LIVING SPACE BY DISASTER
Y/N _____ Details _____

RESOURCES: Do you have a CASE WORKER? _____ Phone _____

Do you have contents Insurance on your home or apartment? Y/N

Homeowner's _____ Monetary Amount Given _____

Renter's _____ Monetary Amount Given _____

Did you contact FEMA? Yes ___ No ___ FEMA case # _____

What Monetary Assistance has FEMA provided? _____

Was your application denied? Yes ___ No ___

Have you sought other needs assistant organizations? Yes ___ No ___

List organizations contacted _____

WHAT ARE YOUR CURRENT CONTENT NEEDS?

HOME VISIT: Completed _____ Date of visit _____

RELEASE OF INFORMATION:

I authorize Jersey Shore United to share with other agencies any information I have disclosed pertaining to my case.

DISCLAIMER:

I understand by completing this survey, it does not guarantee that all desired needs will be provided. Jersey Shore United will determine in what manner it will respond. I hereby certify that the information provided by me is true to the best of my knowledge. I am aware that any statements that are willfully false or misleading will result in disqualification.

SIGNATURE _____ DATE ____/____/____

Completed Applications can be sent to "Jersey Shore United" at the following:

Email: info@jerseyshoreunited.org

Office: 732-914-8885 Extension 3

Fax: 1-732-240-7057 Attention "JSU" Case Manager

Snail Mail: Jersey Shore United: Case Manager

C/O Redeemer Fellowship

1644 N. Bay Ave. Toms River, NJ 08753

Interviewed by _____