

# Community of Christ

## Oblation Aid Report

### STATISTICAL INFORMATION

LAST	FIRST	M.I.	BAPTISMAL REGISTER #
NAME: _____			DATE: _____
SPOUSE: _____			
ADDITIONAL NUMBER OF DEPENDENTS _____ # (List names / ages / relationships):			
_____			
_____			
ADDRESS: _____ PHONE (_____) _____			
_____			
HOME CONGREGATION: _____ MISSION CENTER: _____			

### CASE REPORT

CAUSE OF NEED: \_\_\_\_\_

FUNDS USED FOR:

SHELTER: _____	AMOUNT: \$ _____
FOOD: _____	AMOUNT: \$ _____
CLOTHING: _____	AMOUNT: \$ _____
MEDICAL: _____	AMOUNT: \$ _____
TRANSPORTATION: _____	AMOUNT: \$ _____

TOTAL AMOUNT  
OF AID GIVEN  
THIS REPORT

\$ \_\_\_\_\_

HAS PERSON (FAMILY) RECEIVED AID IN THE PAST?  YES  NO  
(IF IN DOUBT CALL FISCAL SERVICES: 1-800-825-2806 EXT. 1420)

IF YES, DESCRIBE BRIEFLY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TRANSIENT INFORMATION (Complete only if person is transient)

DESTINATION: \_\_\_\_\_ REASON FOR TRIP: \_\_\_\_\_

### IMPORTANT INSTRUCTIONS

1. Secure all information for this report before extending aid.
2. Make sure that the amount of aid you are approving is within your authorized limit.
3. Check with Supervising Bishop for aid history before extending aid.
4. Sign report.
5. Remove appropriate copy for file, then forward remaining copies.
6. **Attach original to a Request for Oblation Aid Reimbursement (OB-102)**

REPORTED BY: \_\_\_\_\_  
(Bishop / Financial Officer)

JURISDICTION: \_\_\_\_\_  
(Mission Ctr. / Congregation)