



Creekside Community Outreach Center
 (Serving Brookfield, Madison, & Waterville School Districts)
 105 Madison St
 Oriskany Falls, NY 13425
 315-765-1198

<https://www.facebook.com/creeksidecoc>

Application for Assistance

Name:		Date:	
Address:		State:	Zip:
Phone:		email:	
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently receiving other financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have children, how many, and what ages:			
Are the children living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please tell us what kind of assistance you need. Be as specific as you can. Is it for heat, health, food, or other types of bills, dollar amount needed, etc.:			
Is this request related in any way to the novel Covid-19 virus (coronavirus)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please tell us how this request is related to the virus:			

Return this form by US mail to: Creekside Community Outreach, PO Box 635, Oriskany Falls, NY 13425

OR

Scan and email to creekside@ofallsumc.com

Creekside will make every effort to fulfill your request; however, we may not be able to provide the full amount requested. We will respond to your request within four business days. If this is an emergent request, please call the number on the top of the form and leave a voicemail with a return number and you will receive a return call within a day.

Mission Statement:

*To be the Body of Christ in our community, with eyes wide open,
 hands reaching out, and feet moving forward in Christian love.*

A mission of the Oriskany Falls United Methodist Church