

301 North Main St, Box 538
Bethesda, OH 43719
740.484.4705 phone



epworthcenter@sbcglobal.net
www.epworthcenter.org
fax 740.484.0252

SOWER CLIENT REFERRAL FORM

To qualify for building repair assistance from the SOWER Work Mission Program...

*Your prayers
are
appreciated!*

1. There must be financial need.
2. The person should own (not rent) the home / property.
3. It has to be a SAFE working environment; ie. no attack dogs.
4. There needs to be restroom facilities and a place nearby for lunch for the SOWERS.
5. Deadline for consideration is MARCH 15, 2008. All parties will be notified by May 15, 2008.

All applications are considered. Please note the following:

1. The Epworth Center will select appropriate work sites based on this criteria, and the gifts and preferences of the registered SOWER groups. We give priority to mothers with children.
2. All approved projects are placed online with photos / material lists to be chosen by SOWERS.
3. The SOWER Work Mission Program typically makes one repair; ie. porch OR paint house, etc.
4. Clients need to recognize that SOWER groups are volunteers and not professionals.
5. Submission of this form does not equate acceptance.

Please print clearly.

NAME: _____ AGE: _____ MALE / FEMALE

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ ALTERNATE PHONE NUMBER: (____) _____

REFERRED BY: (name, title, agency) _____

PHONE: (____) _____ EMAIL: _____

I HAVE RECEIVED PERMISSION FROM THE CLIENT TO SUBMIT HIS/HER NAME.

AMOUNT / MATERIALS AVAILABLE FROM CLIENT OR SPONSOR: _____

DIRECTIONS TO HOME (Please give accurate, detailed directions. Continue on back if necessary):

LIST WORK NEEDED: _____

NUMBER OF CHILDREN IN HOME / AGES: _____

LIST ANY SPECIAL CIRCUMSTANCES: _____

HOW DID YOU HEAR ABOUT SOWER? _____

FOR OFFICE USE ONLY Date Received: _____

Person Who Checked Out Job: _____ Date Checked Out: _____ Final Decision / Notes: _____