



EAGLESREST FOUNDATION

P.O. BOX 1

MUANG, PHANG NGA

82000, THAILAND

This form is to be completed and submitted (2 copies please) by the referring missionary/church member/ or other concerned Christian. Please send the completed forms to Eaglesrest Foundation for consideration. You may attach pages if more details are to be given. The more information we have the easier it becomes to make a decision. Priority will be given to pastors/families in greatest need and in consideration of our current resources.

DETAILS OF THE INDIVIDUAL PASTOR/COUPLE/FAMILY REQUIRING ASSISTANCE

Name of the Pastor you wish to refer:

If married, complete the following:

Pastor's wife:

Pastor's children – Names and ages please:

Are there any other dependants? If so, please provide details and indicate if they need to be included in the referral:

Nationality and Dialects spoken:

Level of English spoken:

The usual location of this pastor/family:

FINANCIAL INFORMATION:

1. What is the main source of income for this family?
2. What is the average monthly income received by this pastor/family?
3. If accepted for time at Eaglesrest, what amount would the family be able to contribute to their care without creating further hardship? (weekly figure please)
4. Are there any outstanding debts? If so, please provide details.

MINISTRY INFORMATION

1. What role does the husband/wife have in the church?
2. How long have they been in ministry?
3. Is there someone available to take over the ministry while the pastor is receiving care? Provide details please.

SPECIFIC NEEDS EVALUATION

1. When was the last family holiday and to where?
2. Have there been any recent traumas (deaths, serious illness, accidents etc...)? If so, please provide details.
3. Are there any health issues for any family member, including allergies? If so, please provide details
4. Are there any special needs we should know about?
5. What are the family's personal prayer requests at this time?

6. Explain briefly why you are referring this pastor/family for time at Eaglesrest Foundation. Attach pages if necessary.

DETAILS OF THE PERSON MAKING THE REFERRAL

1. Please provide your details including organization/position/years of service in the area you minister.
2. How long have you known the person/people you have referred on this form?
3. Your contact details:

4. Date of referral:

Thank you for your time. As you will appreciate, Eaglesrest receives many requests for help. Prayer and the greatest care will go into the selection and placement of guests. We will notify you as soon as a decision is made.

Janene Buckley-Ala

Director

