List TWO referral sources that are NOT FAMILY OR FRIENDS

Name: ______________________________
Phone: ______________________________
Relationship: _________________________

Name: ______________________________
Phone: ______________________________
Relationship: _________________________

Signature of Applicant ________________________
Date ________________________

I authorize the State of Michigan, Department of Human Services, Monroe County Health Department, and any other agency the above referral sources are associated with, to release requested information to the First Presbyterian Bed Ministry.

I have made an application for assistance to obtain a bed/beds for my child/children through the “Now I Lay Me Down”, Bed Ministry.

Signature of Applicant ________________________
Date ________________________

Please cut along the dotted line and return the application portion to the Bed Ministry at FPC. Keep the informational portion for your records.

WHERE ARE WE LOCATED?
108 Washington St.
Monroe, MI 48161

OFFICE INFORMATION

Open Monday - Friday
9:00 am - 12:30 pm, and
1:30 pm - 5:00 pm

Phone: 734-242-1545
Fax: 734-243-6120
Email: info@monroefirst.org

Website: www.monroefirst.org

“Now I Lay Me Down” Bed Ministry

First Presbyterian Church of Monroe
734-242-1545
What is the Bed Ministry?

- In 2001 the First Presbyterian Church of Monroe Michigan started a program called “Now I Lay Me Down.”
- To date, more than 2,500 beds have been given to children in Monroe County.
- Volunteers from the church membership and the community deliver the beds and set them up for the families.
- Children who receive a bed are also given a new pillow and new or very gently used bedding like sheets, blankets and quilts, and they also receive a stuffed animal and a book.
- The beds are paid for through donations of the church and community members.
- We could not provide these beds for children were it not for the generosity of all who give. The need continues to grow and with support of our church and community members, we hope to keep giving Monroe County children a safe night’s sleep.
- In October of 2008 a “Bed Race to Aid Children” Fundraiser was started. Teams of five race decorated beds through downtown Monroe in an effort to have the fastest time and to raise funds to support the bed ministry.
- Visit the Bed Race website to see when our next annual race will be, and to make a donation: www.bedracetoaidchildren.org

Who can get beds?
The program is for children 17 and younger living in Monroe County

How do I apply?
Fill out the attached application and turn it in to First Presbyterian Church by dropping it off or mailing to 108 Washington ST., Monroe MI 48161; faxing to 734-243-6120; or emailing to info@monroefirst.org.

How long does it take to get a bed?
The process usually takes between four and six weeks from start to finish.

Will every applicant get a bed?
Not everyone. The need for assistance must be verified by a reliable referral source, such as a DHS worker, clergy member, landlord, or Home Visitor. We are unable to provide more than one bed per child.

How do I get the beds if I am approved?
Someone from the Bed Ministry will call you and set up a time for delivery.

Other important information for you to know:
- A volunteer with the Bed Ministry MUST deliver and set up your new bed.
- We need you to clean out the space you want the bed to go before the bed is delivered. Be sure it is free from debris so our workers can put your bed together quickly and safely.
- If you have any questions during the process, be sure to call the church office at 734-242-1545.

Application

Parent Name (s): _____________________
___________________________________
___________________________________

Address:____________________________
___________________________________
___________________________________

Phone: _____________________________
___________________________________
___________________________________

Email:______________________________
___________________________________
___________________________________

Please list the following information for the eligible children in your family:

Name:______________________________
   Sex:___________    Age:______________

Name:______________________________
   Sex:___________    Age:______________

Name:______________________________
   Sex:___________    Age:______________

Name:______________________________
   Sex:___________    Age:______________

(OVER, PLEASE)