

**First  
Presbyterian  
Church of  
Monroe**

**“Now I Lay Me Down”  
Bed Ministry**



734-242-1545

**Application**

Parent Name (s): \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please list the following information for the eligible children in your family:  
(if you need more space, use the back of this form)

Name: \_\_\_\_\_ Type of bed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Type of bed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Type of bed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Type of bed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

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 Church of Monroe. 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