

HOW CAN WE SERVE YOU?

CAREGIVER SURVEY

DISABILITY
MINISTRY

NAME *(Please print)*

ADDRESS *(Please print)*

MOBILE PHONE

OK TO TEXT? *(Yes / No)*

EMAIL *(Please print)*

Because of this ongoing global pandemic, we wanted to do a quick survey to see how we can best minister during these uncertain times. Please check all that apply. If some are more important than others to you please rank them by adding #1, #2, etc. #1 being the most important.

- ☐ Online Caregiver Support Group
- ☐ Online Caregiver Book / Bible Study
- ☐ Online Family Game Nights
- ☐ Safe In-Person Events at the Church *(Drive-In Movie Night)*
- ☐ Online Social Gatherings for Loved Ones
- ☐ Prayer Support *(Tell us how we can pray specifically.)*
- ☐ Supply Drop Off *(Tell us what you need or want.)*
- ☐ Drive By Encouragement
- ☐ Routine Call / Text / Card in the mail
- ☐ Other *(Write on the back.)*

If you need help submitting this info, please call: _____

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