CARE Groups Household Information Sheet

Household Last Name: _____
First Name: _____
Cell Phone: _____ **Email**: _____
First Name: _____
Cell Phone: _____ **Email**: _____
Address: _____
Home Phone: _____
Preferred Method of Contact: Cell Phone: ☐ Home Phone: ☐ Email: ☐
Children: _____
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Notes: _____
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Needs/Concerns: ____ Pastor Only ____ Prayer Chain ____ Other
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CARE Group Leader: _____ **Date**: _____