

## Assistance and Support

This form is to determine who in our parish is well supported if they need to isolate, who might need assistance, and who could assist others.

**Name:** .....

**Address:** .....

**Phone number:** .....

**Email:** *(if it is checked regularly)* .....

Please circle:

Do you have family members in town (who can drive)? Yes/No

Do you have neighbours/friends/others who may be able to offer support to you if you were isolating or unwell? Yes/No

Do you have a plan\*, if you need to isolate, to get essential items and any medications? Yes/No

Are you able to offer assistance to others if needed? Yes/No

**Please drop your completed form in the box in the Gathering Area, or forward to the Office.**

\*To download and make an isolation plan for your household search: [COVID-19 Readiness Checklist](#). Copies are also available in the GA.