

*A PLACE FOR ALL HURTING PEOPLE (APFAHP)*

P.O. BOX 472

Sicklerville, NJ 08081

Phone: 856/418-0153

*II Chronicles 7:14*

*If my people, which are called by my name, shall humble themselves,  
and pray, and seek my face, and turn from their wicked ways;  
then will I hear from heaven, and will forgive their sin, and will heal their land*

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**APFAHP OUTREACH MINISTRY DAYCARE GAS VOUCHER PROGRAM SURVEY FORM**

**Personal Data:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Township: \_\_\_\_\_ County: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

**Marital Status:** (please check one box)

Single     Married     Divorced     Widowed

**Education:**     GED/Diploma     Higher Education     Other: \_\_\_\_\_

**Income Information:**

\$0- \$20,000     \$21,000 - \$39,000     \$40,000 - \$49,000     \$50,000 +

Source of Income     Employment     Unemployment     SSI     Other \_\_\_\_\_

**Dependents Information:**

Do you have Children     Yes    or     No?    How many are under 5 years old? \_\_\_\_\_

Please list the name and ages of all minor dependents who live in your household:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a car? (Yes or No)

Do you or someone else drop your child off to the daycare? \_\_\_\_\_

If you do not drop off the child, please explain? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How far is the daycare center from your home? \_\_\_\_\_

How many days a week do you drive your child to daycare? \_\_\_\_\_

Do you need subsidized funds for travel to daycare? \_\_\_\_\_

Additional Information or comments that you may need to explain your needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please mail forms back to:**

A Place For All Hurting People

P.O. Box 472

Sicklerville, NJ 08081-2110

Email to:

[trustgod7134@gmail.com](mailto:trustgod7134@gmail.com)

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**Official Use Only:** - ID #2016 – 001 \_\_\_\_\_

Meets Criteria: (Yes or No) - Student w/employment; Non Student

Follow up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: 856/418-0153 Email: [trustgod7134@gmail.com](mailto:trustgod7134@gmail.com)

Website: [www.aplaceforallhurtingpeople.org](http://www.aplaceforallhurtingpeople.org)

*Elder John L. Brown and Sister Linda Brown*

*A PLACE FOR ALL HURTING PEOPLE*

**PRE-PAID DEBIT GAS CARD RECEIPT FORM**

VOUCHER # \_\_\_\_\_ TOTAL AMOUNT \$ \_\_\_\_\_ DATE GIVEN \_\_\_\_\_

**I UNDERSTAND that the gas card/s I am receiving are provided by *GRANT and or FEDERAL funding* and are to be used ONLY for the purposes described below:**

- Transportation to students to/from school
- Transportation to/from my child/ren's doctor's appointment relating to school attendance
- Transportation to/from an immunization appointment
- Transportation for other needs that might arise in connection to school attendance (conferences, school events, etc.)

**Daily school attendance is mandatory in order to be eligible for gas cards  
Failure to comply with any of the requirements will result in cancellation of this service**

PARENT'S NAME (Signature) \_\_\_\_\_

PARENT'S NAME (Printed) \_\_\_\_\_

STUDENT(S) NAME(S) \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### Criteria for Gas Vouchers Non-Reloadable Prepaid Debit Cards

If you fraudulently receive subsidized money for travel expense you will be disqualified from the program permanently.

1. Meet income criteria
2. Must have preschool age children
3. Must have a car or other source of transportation (assistance with public transportation)
4. Single parent or married with proof of income guidelines
5. Confirmation from Daycare Center that you have brought your child to daycare for the week
6. Gas cards will be given twice a month or one a month with receipt from daycare provider
7. Mileage report must be submitted with receipt from daycare provider



### **Mission Statement**

*Our mission, as a non-profit organization, is to help bring love, hope, and self-efficacy back into the society for all hurting people.*

### **Our Vision**

*We foresee a more unified society by brining hope to the forefront which will demolish self-defeat and eliminate self-destruction from the mind.*

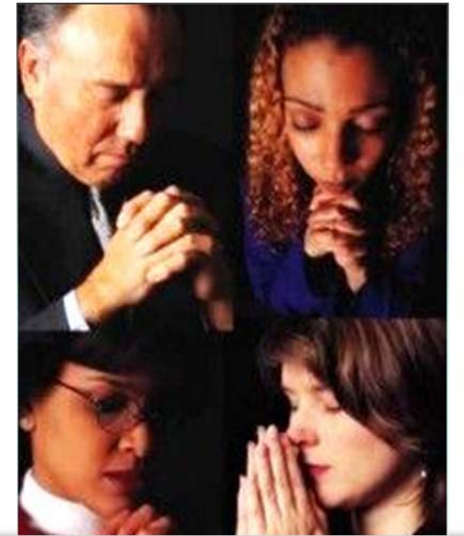
### **Our Core Values**

*We value the life of every living soul on the face of this earth. We help transform lives by developing an open and honest relationship with the communities. We are committed in problem solving strategies by recognizing flaws of an ongoing entity that may be hindering the progress of a family or individual from pursuing growth. In unity we celebrate the positive influences that have accrued during the developmental stages throughout the change for changes. The ultimate goal is to change stumbling blocks into stepping stones.*

**Elder, John L. Brown**  
**A Place For All Hurting People**  
**P.O. Box 472**  
**Sicklerville, NJ 08081**

## *A Place For All Hurting People*

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*P.O. Box 472*  
*Sicklerville, NJ 08081*  
*856-418-0153*  
*trustgod7134@gmail.com*



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*2<sup>nd</sup> Chronical 7:14*

*Reach, Teach and Preach*



*"Being involved in the ministry of reconciliation for 22 years has been an awesome experience. Just being able to bring joy and excitement into someone else life makes my day. Without Jesus I couldn't have made it..."*  
**Elder John L. Brown, CEO and Founder**

*"Reaching out to people in need gives me the deepest fulfillment that my heart has longed for. To share with them the good news that there is hope for the hopeless and they can be victorious makes me feel that I am about my Father's business..."*  
**Sis Linda F. Brown, CFO and Administrator**

## Outreach Ministries

- ❖ The King's Manna
- ❖ Rise Above the Waters
- ❖ The Alter of Incense
- ❖ No Reverse: Methods of Mechanisms (M.O.M)

## Need Prayer or Counseling?

- ❖ Salvation
- ❖ Healing
- ❖ Bereavement
- ❖ Marriage
- ❖ Drugs and Alcohol
- ❖ One on One
- ❖ Abusive Relationship

### To Partner with Us:

Email: [trustgod7134@gmail.com](mailto:trustgod7134@gmail.com)

Make Check or Money Order Payable to:

**A Place For All Hurting People**

## SALVATION = A B C

### *Accept, Believe, and Confess*

Why not **accept** Jesus as your personal Savior today?

That if you **confess** with your mouth, "Jesus is Lord," and **believe** in your heart that God raised him from the dead, you will be saved. For it is with your heart that you believe and are justified, and it is with your mouth that you confess and are saved. As the Scripture says, "Anyone who trusts in him will never be put to shame." (Romans 10: 9-11)

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## Future Events

Join Us in July 2017 for our First Annual Revival at Blue Mountain Christian Resort, in Ringgold, PA



## Contact Us

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