Widow Care Ministry
Reporting Form

*Please submit this form to the Pastoral Care Office each time you have contact with your assigned widow. This information will help us provide care for the widow and assist you in meeting her needs spiritually, emotionally and physically. Submit by email to Peggy.Jones@Houstonsfirst.org, fax**713/957---6768 or bring it to the office.*

Please feel free to contact us with questions or comments

Peggy Jones 713/957---6763 or Sherry Oradat 713/957---6764

Deacon's Name:

Widow's Name:

Date of Contact:

Type of Contact: ____Phone ____Mail ____Email ____Visit ____Event

How are her spirits?

Describe her health.

Describe her living conditions.

Have her spirits, health or living conditions changed since the last time you talked/visited with her?

Does she have any concerns (security, financial, nutrition, medical, family relationships)? Is there some way that you or Pastoral Care can meet a particular need?

What does she need from you? i.e., friendship, a listening ear, something tangible. Please describe.

Do you see ways that you can meet those needs? How can Pastoral Care help you?

Does she need anything from the church? e.g., Homebound material, Stephen Ministry

Does she have family in area? Please share that information with Pastoral Care.

Has she shared emergency contact information with you?

Are you turning in a **Widow's Request for Care** at this time?

Today's Date