

Kansas Partners In Care

Name of organization:*	<input type="text"/>		
First Name:*	<input type="text"/>	Last Name:*	<input type="text"/>
Street:*	<input type="text"/>		
Street 2:	<input type="text"/>		
City:*	<input type="text"/>	State:*	<input type="text"/>
Zip Code:*	<input type="text"/>	County:*	<input type="text"/>
Work Phone:*	<input type="text"/>		
Home Phone:	<input type="text"/>		
Email:*	<input type="text"/>	Website:	<input type="text"/>
Faith Group/Denomination:*	<input type="text"/>		
Other Faith/Denomination:	<input type="text"/>		

Pastoral/Spiritual

- Encouragement
- Prayer
- Lay Ministry
- Hospital Visits*
- Home Care*
- Home Visit*
- Nursing Home Visit*
- Listening Ear
- Support Groups

Material

- Housework
- Lawn Work
- Raking Leaves
- Landscape
- Home Repair
- Construction
- Furnace
- Painting
- Electric
- Plumbing
- Auto Repair

Resources

- Child Care
- Provide Meal
- Grocery Shopping
- Meeting Space
- Transportation
- Tutor
- Job Resources

In Case of State Emergency

- Meeting Space
- Pastoral Care
- Short-term Lodging
- Meals

Please contact Partners In Care to recommend other services

* = At the Service Members Request

Submit Registration

Clear Form