

# ROMAN CATHOLIC DIOCESE OF ORANGE



## SPECIAL NEEDS MINISTRY INFORMATION FORM

Ministry Name: \_\_\_\_\_

Parish Name: \_\_\_\_\_

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

Parish DRE: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Ministry Location: \_\_\_\_\_

Ministry Times/Dates: \_\_\_\_\_

Is the parish capable of making suitable physical accommodations for those with special needs?

\_\_\_\_\_

Ministry Leader: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please describe to whom the ministry services:

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

Please provide an outline of the ministry:

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

Please describe the goals of ministry:

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