



Financial Assistance Request Form

From the Deacons' **COMMUNITY CARE FUND**
(see reverse side for policies and guidelines)

APPLICANT INFORMATION

Applicant Name: _____ Date: _____

Address: _____

Phone: _____

Amount Requested: \$ _____

Detailed Description of Request (attach copies of all relevant documentation, bills, biller's address, etc.):

Payment check to be sent directly to (attach copies of all relevant documentation, bills, biller's address, etc.):

Name: _____

Address: _____ Phone: _____

Applicant Signature _____ *Date* _____

Who recommended you to ask for financial assistance? _____

DECISION

Status of Offer: APPROVED DISAPPROVED

Amount Approved: \$ _____

Reason for variation of amount requested or for disapproval (if applicable):

Lead Deacon Signature & Date *2nd Lead Deacon Signature & Date* *Pastor Signature & Date*

(For signature requirements, see reverse side, Policy #5.)

PAYMENT

Amount: \$ _____ Check #: _____ Date: _____

Mailed or given to & Date: _____ Treasurer: _____

COMMUNITY CARE FUND POLICIES AND GUIDELINES

Approved by Session 12/15/2012; Modified by Session 12/16/2013; Modified by Session 5/14/18

³⁴ *“Then the King will say to those on his right, ‘Come, you who are blessed by my Father, inherit the Kingdom prepared for you from the creation of the world. ³⁵ For I was hungry, and you fed me. I was thirsty, and you gave me a drink. I was a stranger, and you invited me into your home. ³⁶ I was naked, and you gave me clothing. I was sick, and you cared for me. I was in prison, and you visited me.’* Matthew 25:34-36

When members of our **COMMUNITY** reach the end of their financial rope, they are faced with the choice of buying groceries, filling life-giving prescriptions, and paying their utility bills or even their rent! Hard times do not discriminate between young and old, blue or white collar, Spanish- or English-speaking. Over the years our church has been blessed to serve hundreds of people at their time of greatest need. The **COMMUNITY CARE FUND** is one of the resources that we use to show Christ’s love in practical ways.

The decision to help people financially should be made with love, caring, compassion and good stewardship.

The **COMMUNITY CARE FUND** is designated to provide assistance for people of our neighboring communities.

Whenever possible, disbursements from the **COMMUNITY CARE FUND** shall be paid directly to vendors (for example, landlords, camps, utility companies, pharmacies, etc.) rather than providing cash advancements to families.

POLICIES

1. Persons requesting assistance shall be expected to demonstrate a real need and be willing to pursue any other sources of help that may be suggested (For example FISH, FISH Hospitality, public service agencies, etc.).
2. Priority shall be given to assisting with rent in arrears and medical needs, but the need for financial help comes in many forms. All requests shall be prayerfully considered on a case-by-case basis.
3. Ordinarily all grants shall be for onetime needs rather than ongoing expenses. When an individual or family makes repeated requests for assistance, they should be directed to other appropriate agencies and/or counseling.
4. All requests for funds shall be made in writing on the appropriate form and submitted to one of the Lead Deacons.
5. Any requests of \$100 or less may be approved by a pastor at his or her sole discretion or by one Lead Deacon. Requests of more than \$100 but less than \$300 must be approved by at least two Lead Deacons or one Lead Deacon and a Pastor. Requests of \$300 or more must be approved by at least two Lead Deacons and one pastor.
6. All emergency/urgent requests shall be made to the Pastors and/or Lead Deacons, who will approve or disapprove the amount requested or approve a lesser amount, with specific reasons for any variations.
7. The financial records of the **COMMUNITY CARE FUND** shall be reviewed annually by the elected Church Audit Committee to assure compliance with the above policies.