CHRIST CHURCH

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Network of Caring

The Mission

The Network of Caring exists to provide support to members of the Christ Church family in times of temporary financial crisis. The Church desires to not only provide financial assistance, but to also provide tools that will better equip parishioners to grow in their stewardship.

Limits of the Fund

- All requests are subject to approval by at least two members of the Senior Staff.
- Funds are only available to those who regularly attend Christ Church.
- Families cannot receive more than $1500 per year in assistance.
- Individuals cannot receive more than $750 per year in assistance.
- Checks will always be made payable to the payee (i.e. – Ameren Il-linois, mortgage companies, landlords, etc). Checks will not be given directly to the client.

Assistance will not be provided for:

- Cable bills
- Cell phone bills
- Credit card bills
- Internet bills
- Car payments
- Or any debt considered extravagant

CHRIST CHURCH

Confidential Financial Assistance Request Form

Personal Information

First Name:	Last Name:	
Email:		
Spouse's Name:		
Children's Names & Ages (living with you):		
Street Address: (PO Box not accepted)		
City:	State:	Zip:
Daytime Phone #:	Cell Phone #:	

Marital Status *(check one)*

[ ] Single Engaged [ ] Married [ ] Separated [ ] Divorced [ ] Widowed

Employment Status

Are you currently employed? *(check one)* [ ] Yes [ ] No
If no, where and when did you last work?
Are you currently seeking employment?

Financial Needs

Describe your current situation:
In the future, what measures will you take to avoid the need for outside assistance?
Have you received assistance from Christ Church in the last 12 months? [ ] Yes [ ] No
If Yes, is this request being made due to the same circumstances?

Total amount that you are requesting: $_____

-Financial assistance will be paid directly to the debtor. No funds will be given directly to the applicant (you).
-Attach copies of ALL documents / bills for which you are seeking assistance.
-No assistance will be considered without the relevant documentation.
-A Financial Counselor will be assigned to assist with assessment and follow up

I certify that the information in this document is true and correct to the best of my knowledge.

Applicant Signature: Date:

Received By: Date:

Approved By: Date:

Financial Assistance Team Use Only

What action was taken?	
Were check(s) written? check #, amount & to whom	
Were gift cards issued? (total value of cards)	
What was the total financial need?	
Were other sources of help suggested? Where?	