

# APPLICATION FORM FOR FINANCIAL ASSISTANCE

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

How many people in family? Adults \_\_\_\_\_ Children \_\_\_\_\_

Are you employed? \_\_\_\_ Yes \_\_\_\_ No If yes, how long? \_\_\_\_\_

If yes, who is your employer? \_\_\_\_\_

If no, what/when was your last job? \_\_\_\_\_

How did you happen to come to our church for assistance? \_\_\_\_\_

\_\_\_\_\_

Which family or friends could possibly help you if they were contacted? (Names, Phone #)

\_\_\_\_\_

Are you a member of a church or parish? \_\_\_\_\_

If yes, do you know who the pastor is? \_\_\_\_\_ Phone # \_\_\_\_\_

Have you tried getting assistance anywhere else? \_\_\_\_ Yes \_\_\_\_ No

If yes, where? \_\_\_\_\_

Have you ever received assistance from another CRC? \_\_\_\_ Yes \_\_\_\_ No

If yes, what kind of assistance did you receive? \_\_\_\_\_

\_\_\_\_\_

What kind of assistance do you need now? \_\_\_\_\_

\_\_\_\_\_

Who may we contact to verify the need, or as a reference? \_\_\_\_\_

\_\_\_\_\_

What do you see as the long-term solution to your difficulty? What can you do to help resolve it? \_\_\_\_\_

\_\_\_\_\_

What do you think you need to do so that you will not be in a similar situation next month? \_\_\_\_\_

\_\_\_\_\_

For deacon use only:

\*You may want to ask for identification to verify the person really is who they say they are. If no I.D. is provided, one can be obtained from Social Services

Name of church: \_\_\_\_\_

Deacon interviewer: \_\_\_\_\_ Date \_\_\_\_\_

Type of assistance given: \_\_\_\_\_

\_\_\_\_\_

If assistance was denied, why? \_\_\_\_\_

\_\_\_\_\_

If referral was made, to what agency? \_\_\_\_\_

\_\_\_\_\_

What arrangements have been made to follow up on this call? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who in our church may be able to assist in the long term? \_\_\_\_\_

\_\_\_\_\_