

Benevolence Information Form

Crossroad Community Church is neither a rescue shelter nor an emergency help center. We can, however, provide information and directions to food & food pantry centers, hospitals, community service centers, and police stations if you are seeking emergency clothing or shelter.

Preliminary Requirements...

1. If you are receiving food stamps, we cannot help with food vouchers.
2. If you are receiving other Government assistance, this will be taken into consideration.
3. If you have a home church, you must seek assistance from them first.
4. If you do not have a home church, you must come to Crossroad Community Church, Sunday service before this application will be viewed.
5. You must sign the "Release of Information" form from Charity Tracker. Your information may be listed on Charity Tracker. Local organizations use this to track "giving" to individuals.

Our desire is to provide to our church family and also to the community a means of support that will not only help with the immediate needs but also help with the need of every human being. Monetary needs and other needs such as food and clothing are understandably very important, but here at Crossroad we want to provide for the greatest need of all --ETERNAL LIFE.

"Then Peter said, "Silver or gold I do not have, but what I have I give you. In the name of Jesus Christ of Nazareth, walk." Acts 3:6

If we do help you with the need that you are seeking help for we will ask that you must come along side and help us as we help you. Examples: Church attendance, bibles studies, small group participation, money budgeting education, furthering education, job training, resume skills, life skills, etc., improving circumstances to the best of your ability...etc.

We believe that the word of God has the answer to all of life's problems. We want to take the time to help you find these answers and also direct you to the ONE that can help you the most. Sin has separated us from the God who created us and Jesus was sent to take away the sins of the world.

"Salvation is found in no one else, for there is no other name under heaven given to men by which we must be saved." Acts 4:12

Assistance typically takes a minimum of two weeks and up to maybe even four weeks to go through the entire process. We will also require you to go through an initial interview with a member of our benevolence team (plus any conditions that might be decided upon), prior to receiving assistance from us as well as confirmation of your need through personal references.

Our desire is to help you with your entire need and enable you to honor the Lord with how you handle all that He blesses you with.

Crossroad Community Church
475 E Progress Parkway
Shelbyville, IN 46176
317-398-2575

Benevolence Information Form

Please complete this entire form and return to Crossroad Community Church

Date:

Last Name:

First Name:

Spouse Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Spouse Work Phone:

How long have you lived in the area?

Marital Status

Married Yr ____

Divorced Yr ____

Single

Separated Yr ____

Widowed Yr ____

List all persons in your household, include self and (ages)

List Family or Relatives in Immediate Area

Name:

Address:

Name:

Address:

Please Note: Crossroad Community Church is not a rescue shelter nor an emergency help center. We can, however, provide information and directions to food and food pantry centers, hospitals, community service centers, and police stations if the applicant is seeking emergency clothing or shelter. Assistance may take several days or as much as two weeks and requires an interview with church leadership (plus any conditions that might be decided upon), as well as confirmation of applicant's need through personal references.

Church Involvement

Crossroad Community Church Attendance

What Month and Year Did You Start Attending?

How Many Times Do You Attend Per Month:

Are You a Member?

Church Activities Involved In:

Previous Church Attended:

Do you consider yourself a Christian? Please explain:

Benevolence Information Form

Your Employment			
Present Employer:		How long?	
Street Address:		City:	
Previous Employer:		How long?	
Type of Work/Skills You Are Qualified To Perform:			
Spouse's Employment			
Present Employer:		How long?	
Street Address:		City:	
Previous Employer:		How long?	
Type of Work/Skills You Are Qualified To Perform:			
Monthly Income/Expense Statement			
Weekly Income / wages:	Per hour wage:	Hours worked per week:	Total Monthly Income:
Monthly Expenses		Total Debt	
Groceries:		Credit Card Total:	
Rent/Mortgage		Car Total:	
Renters/Homeowners Insurance:		Mortgage Total:	
Utility: Gas/Electric		Medical Total:	
Utility: Water		Other past due bills:	
Utility: Sewage		Other loans:	
Telephone / Cell Phone:		Are you receiving financial help from anyone now?	
Cable/Satellite:		If Yes, From Whom?	
Automobile Loan:			
Automobile Insurance:			
Gas for Automobile			
Credit Cards:			
Legally required support of others:			
Please answer the following questions:			
What were the events that led up to this situation?			
What other options have you pursued to resolve this problem?			
In what ways is your family willing to provide assistance?			

Benevolence Information Form

What steps or goals do you have to achieve financial stability?

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Please list the detailed steps that are in place to reach these goals:

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Will you agree to attend any financial course offered by Crossroad Community Church (this may be required)?

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Please list 2 References who can confirm your need (e.g. small group leader, church staff person, a regular harvest attendee or member, neighbor, family member. This is a required information)

Name:	Relationship:	Phone Number:

Please Read and Sign the following Agreement

I (we) understand that Crossroad Community Church and the person assigned to me will attempt to assist me with planning a course of action for myself and that Crossroad Community Church makes no representations or warranties with respect to the results or help provided to me. This assistance is being provided without charge or obligation unless any funds provided are specifically designated as a loan. I (we) further agree to hold harmless Crossroad Community Church and its counselors, volunteers, officers, directors, elder and deacons from any claim, suit, action, demand or liability of any kind arising out of or in any manner connected with my (our) participation in or receipt of this assistance.

Signed _____ Date: _____

To be filled out by the Benevolence Team

What are the causes of the applicant's circumstance?

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Has the applicant demonstrated an ability to make the changes in their own life necessary to resolve the situation?

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Has the applicant demonstrated sufficient effort to resolve the problem prior to approaching CCC?

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Has the applicant fulfilled any conditions deemed necessary for assistance?

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Second Opinion From Whom and Date:

Date Closed:

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CharityTracker Assistance Network
Shared Case Management Software - CharityTracker
RELEASE OF INFORMATION (ROI)

Client's Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Date of Birth: _____ / _____ / _____ **SSN:** _____ - _____ - _____
mm / dd / yyyy

Phone: _____ - _____ - _____

The **CharityTracker Assistance Network**, hereinafter referred to as "*CharityTracker*", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. _____
Shelby County United Fund Inc.
(Adminstrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including _____ Crossroad Community Church _____ (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

<u>Dependent's Name</u>	<u>DOB</u>	<u>Social Security Number</u>

I authorize _____ Crossroad Community Church _____, as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize _____ Crossroad Community Church _____ (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies.

Client and/or Parent-Legal Guardian's
Authorizing Signature

Date

Agency Representative Signature

Date

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from it's expiration date.