APPLICATION FOR BENEVOLENCE ASSISTANCE
Short form for repeat requests

(Information given on this form will be held confidential by the church officials providing assistance)

Date: _____

SECTION 1: Identifying Information

Name: _____

Address: _____

Work phone: _____ Home phone: _____ Cellphone: _____

Email: _____

Family members and friends living with you:

_____

_____

Church member? ___ yes ___ no If yes, how long? _____ Church Name_____

If no, regular attender? ___ yes ___ no If yes, how long? ____ Church Name_____

If not a regular attender, are you connected to a church in any way?

_____

_____

SECTION 2: Current Situation and Reason for Request

Please describe your current situation and reason for your request.

_____

_____

_____

_____

What is your specific request of the church? If we decide to help, to whom should we make out the check?

_____

_____

_____

Are you willing to work with the church to create an action plan aimed at solving your current problems as well as working to help prevent this problem from occurring again?

_____

SECTION 3: Detailed Context and History

Financial Position- Fill out the "Current" Columns to the best of your ability.

MY MONTHLY SPENDING PLAN			
MONTHLY INCOME	Current Income	Income Changes	New Budget
Employment (Take-home pay—after taxes)			
Government Assistance/Unemployment			
Pensions/Retirement			
Child Support/Alimony			
Friends/Family			
Social Security/Disability			
Food Stamps			
Other:			
Other:			
TOTAL INCOME			

MONTHLY EXPENSES	Current Expenses	Spending Changes	New Budget
Housing (Rent/Mortgage)			
Electricity			
Gas			
Water			
Telephone (Home/Cell)			
Cable TV/Internet			
Laundry Costs			
Groceries			
Snacks/Drinks/Cigarettes			
Medicine/Prescriptions			
Household (Toiletries, Cleaning, Cooking)			
Pet Food and Supplies			
Child Care/Child Support/Alimony			
Meals Out/Entertainment			
Transportation (Car Payments, Fuel, Bus)			
Clothing/Shoes			
School Expenses/Tuition			
Credit Card/Debt Payment			
Fees: Late, ATM, Money Order, Check Cashing			
Giving (Personal and Charity)			
Books, DVDs, and CDs			

Subscriptions/Dues (Magazines, Clubs)			
Insurance (Health, Car, Rental)			
Miscellaneous Daily Expenses			
Other:			
Other:			
TOTAL EXPENSES			
MONTHLY BALANCE TO SAVE (total income – total expenses)			

What sort of social supports do you have?

_____

_____

_____

Do you have any family living nearby? _____ yes _____ no If yes, who? _____

Do you have a church small group? _____ yes _____ no

If yes, name and phone number of leader _____

Do one or two close friends know your situation? _____ yes _____ no

Are you seeing a counselor? _____ yes _____ no

Which of the following categories best describes you:

1. _____ There is no deep-seated problem that I/we need to address.
2. _____ There may be a problem, but I'm/we aren't the one(s) who need to change.
3. _____ Yes there is a problem, but I'm/we doubtful it can be changed.
4. _____ Yes there is a problem, and I/we can be part of making changes, but is it worth it?
5. _____ Yes there is a problem, and I/we are ready to take steps to make needed changes.

Coaching. Before a check can be written, you will need to schedule a 30-minute coaching session by phone with Cory Martin (402-380-8606). The purpose of coaching is to help you come to new thinking or awareness regarding your situation, and perhaps to develop a few action steps toward change. Cory will not usually give advice or counsel, but will simply listen and ask questions to help you discover a course of action that you are excited by and motivated to pursue. In preparation for that call, please fill out the Life Wheel below. For each area of your life indicated, rate yourself on a scale from 1 to 10, where 1 is "not doing well here" to 10, which is "doing great here." Then connect the dots as shown in the example.



