

CHILLICOTHE CHRISTIAN CHURCH
ASSISTANCE REQUEST FORM

Today's Date: _____

After reviewing and signing the Benevolence Policy, please complete this form for any assistance request. If you need help reading, writing, or understanding the content, contact Chillicothe Christian Church. Please answer all of the questions as completely as possible.

Your/Primary Requester's Name: _____

Your Date of Birth: ____/____/____

Spouse's Name, if applicable: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

What is your housing situation? Own/purchasing Renting Other: _____

List your household members' names, ages, and relationship to you:

Name	Age	Relationship to you

Describe your employment status: _____

Assistance Information

Please check the type of assistance you are requesting (check all that apply): Food Utilities Rent Medical Transportation Spiritual Financial Counseling Other: _____

Total Amount Requested, if applicable: \$ _____

If requesting assistance with utilities, rent or a medical bill, please attach a copy of the bill(s).

Please explain the circumstances that led to this need: _____

_____ (use back if necessary)

What other options/organizations have you contacted for assistance with this need? _____

Have you received financial assistance for this need? If so, how much and from whom? _____

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Space for additional information/explanations:

For office/benevolence team use only:

Received by: _____ In person By phone

Church Membership Status: _____

Date of Follow Up Contact: _____ By: _____

Action Notes:

Referrals Made (organizations, church staff, etc.):

Name: _____ Date: _____ Notes: _____

Name: _____ Date: _____ Notes: _____

Name: _____ Date: _____ Notes: _____

Name: _____ Date: _____ Notes: _____

Name: _____ Date: _____ Notes: _____
