

To request financial assistance for a church member complete this form and the steps this form requires, then scan and email to the Director of Community Ministry.



CROSSCHURCH

SPRINGDALE PINNACLE HILLS FAYETTEVILLE

Cross Compassion Minister's Checklist for Church Member Benevolence

- Membership verified? yes
Small Group member ? yes no, referring to _____.
Small Group leader contacted? yes
Small Group pledge or assistance _____.
Department amount: _____
Assessment tool used and completed? yes
Financial counseling to realize long term solution completed? yes

Requesting that Cross Compassion do the following:

- Match small group donation and department donation in the amount of: _____.
 Meet \$ _____ of this need due to the following circumstances

Name of person in need:

Phone or best contact number

email

Payment to be made to:

Name of Business/landlord/utility company

Include a copy of the bill
with this request for
payment accuracy.

Mailing address

phone

City

State

Zip

Ministered to the person with encouragement, prayer and helpful information. yes

Referred by: _____ date: ____/____/____

Assessment Tool
Cross church Member Benevolence

Date: ___/___/___ Membership verified

Name: _____ Employer: _____ Last employed: ___/___/___

Spouse: _____ Employer: _____ Last Employed ___/___/___

Address: _____ City: _____ Zip: _____

Dependent names and ages: _____ Phone: _____

Small Group: _____ Shepherd: _____ Ministry volunteer _____
Area

Have person choose one for their level of financial stewardship: () tithing () giving () Non-biblical stewardship

Action requested by person in need _____

Copy of bill with all contact information attached: yes

(Enter the amount given by the small group below and the amount matched or added form the department. On mortgages consider long term viability and that partial payments usually not accepted. Remember ministry to the person is important refer to manual for questions or contact the Director of Community Ministries.)

Monthly Household Income all sources: _____

Rent:	Auto:	Phone:	Health Ins.:
Electric:	Insur.	Cable:	Credit Cards:
Gas:	Food:	Internet:	Total Mo. Xpenses: _____
Water	Fuel:	Medical:	
Other:	Other:		Cash Flow: _____

Assessment: _____

Recommendation for long term solution: _____

Action steps for the person in need: _____

Small Group Contribution:	Department Contribution:	Cross Compassion assistance needed? ___
_____	_____	Requested contribution from Cross compassion: _____
_____	_____	_____
_____	_____	_____

Complete Minister's Checklist and send with this document

Completed by: _____ Date: ___/___/___

Notes: _____

Approved _____ Not Approved _____

P.O. _____