

Care Application

Care Ministry Guidelines:

The primary purpose of the Care Ministry is to assist with the basic needs of food and shelter.

Requests for Care above \$25 or more will be reviewed at a pastors meeting, the time to respond may take up to 10 days.

We believe it's unbiblical to aid someone in an effort to relieve the consequences of sinful decisions.

Luke 15: 16-17 says:

“The young man became so hungry that even the pods he was feeding the pigs looked good to him. But no one gave him anything. When he finally came to his senses, he said to himself, ‘At home even the hired servants have food enough to spare, and here I am dying of hunger.’”

Care is always given to assist the recipient in working through the issue they are facing. When receiving benevolence the recipient will put forth effort to resolve the situation along with the aid of the Church Body.

All Care Ministry checks will be made payable to the debtor only, never to the recipient of the financial aid (i.e. National Grid, landlord etc.)

The Care Ministry exists to further the Kingdom of God. We will assist those in need as the Lord leads and will take the necessary time to discern the proper Biblical response.

Galatians 2:10 tells us “Their only suggestion was that we keep on helping the poor, which I have always been eager to do.”

1 Timothy 5 tells us to discern who is need.

Every case is confidential. Violating confidentiality may result in disqualification of any request currently submitted or in the future.

The application is a secure form and will be received by our Care Ministry leader. You will be contacted shortly after the form is received.

Care Ministry Application

Please fill out this form completely.

Name

First Last

Email Address

Address

Street Address

Address Line 2

City, State, Zip Code

Age

Gender

Male Female

Phone

() ---

FAMILY INFORMATION

Married, Single, Divorced, Widow(er)

Spouse's Name

First Last

Spouse's Age

Number of Children Living With You

What are their ages?

HOUSING INFORMATION

Rent, Own, Live With Family, Live With Friends

Are you currently employed?

If yes, where?

How long have you been employed there?

Work Address

Street Address

Address Line 2

City, State, Zip Code

Work Contact Person

First Last

Were you unemployed before the acquired current position?

For how long?

If no, how long have you been unemployed?

Is your spouse employed?

If yes, where?

For how long?

If no, how long has he/she been unemployed?

Have you received assistance from Rutland City Church before?

Yes No

If yes, when?

What is your CURRENT request?

Please describe in detail the circumstances that prompted you to make this request.

What steps have you taken to resolve your current need?

SPIRITUAL INFORMATION

Do you believe in God?

Yes No Uncertain

Do you pray regularly?

Regularly Occasionally Never

Do you read the Bible?

Regularly Occasionally Never

Is Rutland City Church your home church?

Yes No

If yes, for how long?

Have you received Jesus as your savior?

Yes No Uncertain

If yes, when did you receive Christ?

PERSONAL ASSISTANCE

Do you receive government assistance?

Yes No

If yes, please share with us which assistance you receive.

What churches/agencies have you contacted for assistance in the past?

What type of assistance did you receive?

MONTHLY INCOME AND EXPENSES

Wage/Salary One

\$

Wage/Salary Two

\$

Retirement/Other Income

\$

Interest and Dividends

\$

MONTHLY EXPENDITURES

Mortgage/Rent

\$

Maintenance/Repairs

\$

Taxes

\$

Medical Insurance

\$

Auto Loan

\$

Auto Insurance

\$

Credit Card Loans

\$

Groceries

\$

Other

\$

This is the end of the Care Ministry Application...

Name

First

Last