



*Peace Lutheran Church
Crisis Assistance Team*

Peace Church Office: 715-834-2486

We are glad you have contacted Peace Lutheran Church for assistance in your need. This program provides assistance to Peace members and regular attenders experiencing a temporary financial crisis. Funding is provided through donations made by our members and attenders. We are aware that many people in our community are living in crisis and need financial, emotional, and spiritual support. Christ has commissioned us to do good unto all people, especially those of the households of faith.

Our Team operates within the parameters of the personal donations of our members and attenders. Our guidelines set limits of assistance we can provide for those who apply. Our goal is to reach out to as many as possible rather than a few. We firmly believe that the first step in resolving a personal crisis is to establish a relationship with Jesus Christ. This relationship is fostered and strengthened through prayer, Bible study, church attendance and fellowship with other Christians. All of us present here have been sustained in times of crisis by the presence of God in our lives. We sincerely hope that our meeting with you will strengthen your relationship with God.

511 East Fillmore Avenue
Eau Claire, WI 54701
Crisis Team Chairperson: 715-497-9131

APPLICATION FOR ASSISTANCE

PEACE LUTHERAN CHURCH

The members of Peace Lutheran Church recognize that individuals need help to get through temporary difficult or unexpected situations in order to get back on their feet. It is very important that we have a good understanding of your difficulty and situation. The more information we have makes it possible for us to better understand your needs and to determine if and how we can be of assistance in getting you through your situation. Therefore, it is very important for you to provide as much information as possible on this application. Please fill out the entire application, providing as much detail as possible. The application must be dated and signed. Our procedures for this process is as follows:

- 1) You are required to meet with representatives of the Crisis Assistance Team at which time your application will be reviewed with you. All meetings usually take place at 6:45 p.m. on Mondays. However, meetings may be scheduled on other days of the week depending upon each applicant's situation and Team availability.
- 2) Your fully completed, dated and signed application must be returned to the church office in a sealed envelope marked Crisis Assistance Team. All applications must be received on Tuesdays for scheduling a meeting on the following Monday. (Any unanswered questions OR unsigned application will be considered void and **cannot** be considered until completed; if something does not apply to you, please indicate "n/a" as the answer.);
- 3) Immediately following the meeting set forth above, you may be required to meet, one on one, with an individual from Peace to engage in a session of spiritual counseling.
- 4) If approved for assistance, any payments made on your behalf will be made directly to the creditor. **NO** payments will be made directly to you.

Name, address & telephone number of individual and/or agency that referred you to this program:

I. ASSISTANCE REQUESTED:

What specific assistance are you requesting from Peace Lutheran Church? (Give details, and if you need more space, please write on the back side of this page.)

II. REQUESTER'S INFORMATION:

Name _____	Birthday _____
Address _____	Home/Cell No. _____
_____	Food Stamp # _____
Employer _____	Work Phone # _____
Address _____	Work Hours _____
_____	Supervisor _____
Length of time with this Employer _____	Dates of Previous Employment _____
Previous Employer _____	
Education earned, including names of school, years completed, certificates, degrees and/or diplomas:	
High School _____	
Technical College _____	
College _____	

III. SPOUSE'S, SIGNIFICANT OTHER'S OR ROOMMATE'S INFORMATION:

Name _____ Birthday _____
 Address _____ Home/Cell No. _____
 _____ Food Stamp # _____
 Employer _____ Work Phone # _____
 Address _____ Work Hours _____
 _____ Supervisor _____
 Length of time with this Employer _____ Dates of Previous Employment _____
 Previous Employer _____
 Education earned, including names of school, years completed, certificates, degrees and/or diplomas:
 High School _____
 Technical College _____
 College _____

If separated from your spouse, indicate spouses name _____
 If divorced, former spouse's(es) name(s) _____
 State date of and County/State where Divorced: _____

IV. DEPENDENTS:

NAME	RELATIONSHIP	BIRTH DATE	CLOTHES SIZE

V. TOTAL HOUSEHOLD MONTHLY INCOME:

Salary / Wages _____
 Social Security _____
 Unemployment Comp _____
 Worker's Comp _____
 Food Stamps _____
 Rental Assistance _____
 Veteran's Benefits _____
 Child Support _____
 Alimony/Maintenance _____
 Other (source & amount): _____

Itemize all deductions from your paycheck:
 Federal Taxes _____
 State Taxes _____
 Health Insurance _____
 Flex Spending Account _____
 Health Savings Account _____
 Retirement (401K, etc.) _____
 Other (type & amount) _____

MONTHLY EXPENSES:

Mortgage _____
 Rent _____
 Real Estate Taxes _____
 Heat _____
 Electric _____
 Water _____
 Food _____
 Household Supplies _____
 Gasoline _____
 Telephone _____
 Child Care _____
 Medical Expenses _____
 Cable Television _____
 Internet _____

Insurances not deducted from your paycheck:

Homeowners _____
 Renters _____
 Auto _____
 Dental _____
 Health _____
 Other (type/amount) _____
 Storage Unit Rental _____
 Other (specify the expense and amount):

VI. DEBTS: Please list all debts/loans you have below. Place an asterisk (*) next to any monthly payment that is deducted from your paycheck.:

<u>Creditor/Lender's Name</u>	<u>Balance Owed</u>	<u>Monthly Payment</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

VII. CURRENT ASSISTANCE RECEIVED:

Circle all Programs/Agencies from which you presently receive assistance and indicate on the line next to each circled the type and amount of assistance you receive:

Rental Assistance _____
 Medical Assistance _____
 WIK _____
 FARE for All _____
 Share Program _____
 Food Pantries _____
 Head Start _____

School Lunch Program _____
 School Breakfast Program _____
 Summer Food Service _____
 Western Dairyland _____
 Interfaith Hospitality Network _____
 Hope Gospel Mission _____
 Ruth House _____
 Dept. on Aging _____
 Financial Counseling _____
 Bolton Refuge House _____
 Salvation Army _____
 Sojourner _____
 Human Services _____
 Your Social Worker's Name & Telephone No. _____

VII. OTHER INFORMATION

Are you receiving any financial, emotional or spiritual support from anyone? _____
 If "yes", describe the type of support and from whom you are receiving the support _____

If you have requested assistance within the last 90 days from any other church, individual, agency or any other source, state the following for each such request:

1. Name & Address of Source _____
2. Date Assistance Requested _____
3. Type of Assistance Requested _____
4. Type of Assistance Received _____
5. If refused assistance, basis for refusal _____

(If more space is needed, please use the back side of this application.)

I/we state that the above information is true to the best of my/our knowledge. Peace Lutheran Church has my/our permission to check any of the above information and to use it to determine assistance.

Requester's Signature _____
 Date _____

Spouse's / Significant Other's Signature _____
 Date _____

APPLICATION MUST BE SIGNED BY EACH APPLICANT TO BE VALID

***** (For Team Use – Do not Complete this Section) *****

Date Reviewed: _____ Approved _____ Disapproved _____
 Reviewed by: _____
 Reasons for Disapproval: _____
