

Rapha Support Services - Benevolence Application

1. RSS benevolence funds are for RSS services only.
2. The application is on the RSS website and can also be picked up in the office.
3. Applications will not be considered until all information requested has been received. If the application is not complete the applicant will be called to submit missing items.
4. Only **copies** of documentation should be submitted; as documents will not be returned to the applicant.
5. The list of information needed with each application follows:
 - Completed RSS Benevolence Application
 - Copy of I. D. (valid driver's license and or state I.D.)
 - Copy of paycheck stub from each household member having income
 - Copy of current bank statement
 - Copy of electricity bill for proof of residency
6. The completed application will be submitted to the Ministry Overseer who will provide a brief review for completeness and eligibility before submitting to the Benevolence Committee.
7. An interview may or may not be scheduled with the applicant.
8. Applicant will receive a response within 7-10 business days.
9. The approved application will be signed by ministry leadership.
10. All applications and documentation will be kept confidential and retained for up to 4 weeks after a decision has been made at which time it will be destroyed.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

List all persons and their age living at this address: _____

Email _____

Best phone # _____ Alt. # _____

_____ Married _____ Single _____ Roommate _____ Divorced _____ Widow/widower

Last place you requested assistance _____

Do you have a church home? If yes, where? _____

Do you tithe to your church? _____

Current employer _____ income _____

Spouse/roommate employer _____ income _____

Income - monthly	Income Amount	Expenses	Amount- monthly	Past Due Amount
Wage 1/month		Housing		
Wage 2		Electric		
Social Security		Gas		
Disability		Water		
Veteran's Disability		Phone		
Retirement		Cable		
Food Stamps		Cell Phone		
Family		*Car Payment 1		
Friends		*Car Payment 2		
Unemployment		Gasoline/fuel		
Workers Comp		Auto Insurance		
Child Support		Home Insurance		
Other Agencies		Health Insurance		
Any Other Income		Groceries/food		
TOTAL		School Lunches		
		Medical		
Checking Acct. Balance		Child Care		
Savings Acct. Balance		Child Support		
TOTAL		Loans		
		Credit Cards		
TOTAL OWED ON CREDIT CARDS		TOTAL		

Services requested

- | | |
|--|--|
| <input type="checkbox"/> General counseling | <input type="checkbox"/> Nutritional support |
| <input type="checkbox"/> Marriage counseling | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Drug/alcohol recovery | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Other addiction | <input type="checkbox"/> Pathogen removal |
| <input type="checkbox"/> Anger management | <input type="checkbox"/> Massage therapy |
| <input type="checkbox"/> Parenting skills | <input type="checkbox"/> Thermography |
| <input type="checkbox"/> Pain management | <input type="checkbox"/> Health evaluation |

I can contribute \$ _____ now and \$ _____ each month for my assistance.

I grant permission to the RSS Benevolence Committee to contact my pastor, family member, and employer to verify the above information.

Signature

Date