

CARING HANDS

mobilizing | compassion

Caring Hands Outreach Center is a network of Christian Churches and community partners that mobilizes eastern Polk County for compassionate service toward our neighbors.

At Caring Hands, we strive to be good stewards of what God has given us and want to live out the biblical mandate to care for our neighbors (1 Tim 6:18). Out of this commitment, the Benevolence Team has been formed to care for those in our community who are experiencing trouble securing the necessities of life – things such as rental assistance, utilities, food and clothing.

- You must be a client of Caring Hands to receive funds. We only aid residents of our service area. This includes the Southeast Polk School district, Pleasant Hill, and Bondurant.
- Caring Hands does not provide emergency assistance.
- Any request can take two-three weeks to process. If you are in immediate need, we suggest you phone United Way at 211 to find other resources in your area.
- It is our policy to only pay directly to the agency/company to which funds are owed or delinquent payments. No funds are distributed directly to an individual.
- Not all requests will be fulfilled and some may only be partially fulfilled.
- Be advised- when we contact you it may be from a blocked number.
- Be sure to include any relevant paperwork that will help us to assess needs including; letters of eviction, disconnection notices and notifications of denial of social services.
- Upon signing this document, I understand and agree that I am choosing to participate in the Caring Hands experience whose purpose is to provide support and build community.
- I understand and agree that the members of the Benevolence Team are not functioning in the role of a professional counselor/advisor and therefore should not be held responsible for disseminating financial advice.

Are you a member of an area church ___ Yes ___ No (don't worry, you don't have to attend church to get help, we just like to work with your home church if you do have one)

If so which one _____

How did you hear about Caring Hands Outreach? _____

Have you applied to Caring Hands outreach before? ___ Yes ___ No. if so when? _____

Return application to Caring Hands either in person at 201 9th ST NE Altoona (limited hours) or by U.S. Mail at: Box 103, Altoona Iowa 50009.

___ I have read, understand, and agree to the terms of application to the Benevolence Team of Caring Hands.

___ An interpreter or facilitator has read to me and I understand and agree to the terms of the application to the Benevolence Team of Caring Hands.

I authorize Caring Hands Outreach Center to verify all information provided and agree to all terms and conditions.

Signature _____ Date: _____

CARING HANDS

mobilizing | compassion

Tell us Your Story:

Feel free to share your story with the Benevolence Team here:

I need money because....

This hardship has happened because....



Budget Information:

Have you ever met with a financial advisor or attended a class on home budgeting?

Yes No If yes, where? _____

Are you willing to attend a class on home budgeting? Yes No

Are you willing to meet with someone for encouragement and advice? Yes No

Faith & Finance Session - If you participate in the 12 week session, Caring Hangs will reimburse your \$10 registration fee.

Monthly Income:

Job #1 (net pay) \$ _____
 Job #2 (net pay) \$ _____
 Spouse Job #1 \$ _____
 Spouse Job #2 \$ _____
 Unemployment \$ _____
 Child Support \$ _____
 Retirement \$ _____
 Social Security \$ _____
 Disability \$ _____
 SSI \$ _____
 SNAP \$ _____
 FIP \$ _____
 WIC \$ _____
 Other: _____ \$ _____

 Total Monthly Income: \$ _____

Monthly Expenses:

Tithes/Contributions \$ _____
 Rent/Mortgage \$ _____
 Electric \$ _____
 Water \$ _____
 Food \$ _____
 Gas for House/Propane \$ _____
 Car Payments \$ _____
 Auto Insurance \$ _____
 Auto Gas/Oil \$ _____
 Phone/Cell Phone \$ _____
 Cable/Internet \$ _____
 Day Care \$ _____
 Child Support \$ _____
 Credit Cards \$ _____
 School Loans \$ _____
 Rent to Own \$ _____
 Storage Unit \$ _____
 Health Insurance \$ _____
 Pay Day Lender \$ _____

 Total Monthly Expenses \$ _____



Personal Information

***Failing to complete this form entirely will prevent consideration of your request. Falsification of information submitted will result in denial of assistance.**

Name (First) _____ (Last) _____

Address: _____ Apt: _____

City: _____ State _____ Zip: _____

Phone (Home) _____ (Work) _____ (Cell) _____

Email: _____ Age _____ Date of Birth ___/___/___

Housing: Own Rent Other: _____

Please attach a copy of either/or General Relief or Veterans Administration approval or denial form.

Please attach copies of all bills and notices.

Request for Rental Assistance: What is your monthly rent? _____ How much do you still owe? _____

How much assistance to you have arranged from other sources? _____

How much are you requesting from Caring Hands? _____ (rent)

Landlord /Mortgage Company:

Address where to mail payments to:

Name/account number you put on check for payment: _____

Phone Number: _____

Request for Utility Assistance (We do not pay late fees): Which utility? _____

How much do you need? _____ How much have you already raised? _____

How much are you requesting from Caring Hands? _____ (utility)



Employment History:

Currently Employed Yes No

Current or most recent employer: _____

Supervisor: _____ Phone: _____

Address: _____

Employment Dates: _____ to _____ Position/Title: _____

Reason for leaving: _____

Other Household Members:

Name	DOB Date of Birth	Relationship	Employed Yes/No	Income



For Office Use Only:

Check payable to: _____

Payee Address: _____

Payee Phone #: _____ Reference/Account #: _____

	Yes	No
Are they a client of Caring Hands?		
Did you inform client that no late fee will be paid?		
Do we have copy of utility bill?		
Do they live in SE Polk/Bondurant District or attend and affiliated church or children attend SE Polk or Bondurant?		
Did they receive Benevolence in the previous year? Amount: _____		
Is the story filled out? Needs to be complete.		
Did you provide a church list for them to call?		
Is the application complete?		
Did you inform client that the application needs to be submitted by Tuesday at noon?		
Did you call the client with a dollar amount?		

Amount for the week that can be dispersed: \$ _____

Amount to be dispersed to the client \$ _____

	Yes	No
Entered into Benevolence		
Put application in the "To Be Paid" file		
Attach check when paid (Val)		

Signature for release of benefits: _____ Date: _____