

EMCC Benevolence Intake Questionnaire

To better understand your situation, please answer the following questions as completely and as accurately as possible. After the submission and review of this questionnaire, a Benevolence Team Member will contact you.

*Indicates required question

1. Do you have a history with the justice department? *

___ Yes - EMCC partners with Freedom Life Ministries. Your request for help will be referred to them. PLEASE COMPLETE SECTION 1 ONLY!

___ No - Please complete the entire Intake Questionnaire.

SECTION 1: Identifying Information

2. Name*: _____

3. Age*: _____

4. Gender*: _____ Female _____ Male

5. Marital Status*: (Mark only one)

___ Married ___ Couple ___ Engaged ___ Single

6. Street Address*:

City, State, Zip*: _____

Is this a: _____ house ___ apartment ___ room ___ other

Do you: _____ own ___ rent ___ other

7. Phone*:(Please provide the best number where we can reach you). _____

8. Email*: _____

9. Significant other's name (If applicable): _____

SECTION 2: Employment Information

10. Your current employer: _____

How many hours do you work per week: _____ Total net monthly income: _____

-Manager or supervisor's name: _____

-Manager or supervisor's contact information: _____

Note: By signing below, you are giving a representative from the EMCC's Benevolence Team, (BT), permission to speak to your employer regarding your employment.

I _____ (print your name), hereby give permission for a member of the EMCC's BT to speak to my employer regarding my employment.

Signed: _____ Date: _____

Note: By signing below, you are giving your employer permission to speak to a representative of the EMCC's BT regarding your employment.

I _____ (print your name), hereby give my permission for my employer, _____ (name of employer), to speak to a member of the EMCC's BT regarding my employment.

Signed: _____ Date: _____

SECTION 3: Household Information

11. Please list anyone who is living with you.

Name: Relationship: Age: Net Monthly Income (If applicable)

Name:	Relationship:	Age:	Net Monthly Income (If applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 4: Church Family Information

12. Are you a member of EMCC? _____ YES _____ NO

If, "No", are you a regular attender? _____ YES _____ NO

NOTE: A REGULAR ATTENDER IS SOMEONE WHO HAS ATTENDED EMCC FOR AT LEAST 6 MONTHS AND HAS ATTENDED AT LEAST 2X PER MONTH.

Do you belong to a Life Group? _____ YES _____ NO

If YES, whose Life Group are you a member of? _____

If NO, would you be interested in joining a Life Group? _____

Are you currently involved in any ministries at EMCC, and if so, which one/s? _____ YES _____ NO

If NO, are you interested in serving in a ministry? _____ YES _____ NO

SECTION 5: ASSISTANCE

13. Have you received assistance from EMCC in the past? _____ YES _____ NO

If YES, when and what assistance did EMCC provide? _____

Please provide details of any other agencies/sources that you have, or are receiving assistance/income from, (i.e., unemployment, SSI/SDI, Alimony, Child Support, Food Stamps, Corpening Memorial, Action NC, etc.)

SECTION 6: Current situation and reason for request.

13. What is currently going on that has you in a state of financial need? Please be as specific as possible.

What are you requesting in order to help with this need? _____

How long has this been going on? _____

Have you received assistance from another agency/source for this need and if so who and how much assistance did you receive?

What do you attribute this problem to? _____

What steps have you taken to help to remedy this situation? _____

What do you think needs to change in the situation and/or yourself to help overcome this current problem and prevent it from reoccurring in the future? _____

Section 7: Consents

14. If you have been encouraged by someone to fill out this request for assistance and you would like them to be able to speak on your behalf, please fill out the information and consent forms below. If you are self-referred, please skip to question 15.

Yes, I was encouraged to apply for assistance by my:

Pastor Life Group Leader Stephen Minister Mentor
 Counselor Freedom Life Case Manager Other

I _____ (Print Your Name), do hereby give permission to a representative from the EMCC Benevolence Team to speak to _____ (print name of person who encouraged you to apply), regarding my request for assistance. Their phone number is, _____.

Signed: _____ Date: _____

I _____ (Print Your Name), do hereby give permission to _____ (Please print name of person who encouraged you to apply for assistance), to speak to a representative from the EMCC Benevolence Team regarding my request for assistance.

Signed: _____ Date: _____

15. Often times during the course of an interview, issues beyond the need for financial assistance are identified. As a result, the Benevolence Team may think that it would be beneficial for you to meet with a team member from The EMCC Bridge to explore options and resources that may be available to help you. This would be referred to as an ACTION PLAN.

The hope and the ultimate goal of working with The Bridge would be that in time, you are more and more able to experience the full and abundant life that God has invited each of us into. (John 10:10)

Would you be willing to work with The Bridge to create an Action Plan? Yes No

Section 8:

NOTE: EMCC Benevolence Ministry is not a crisis ministry. We are committed to responsible stewardship of the funds that God has provided for this ministry. Generally, your request will be reviewed within 4-5 days of receipt. After reviewing your request, a member of the team will contact you to schedule a meeting, meetings typically last 1-2 hours. Having accurate income information and all monthly bills available at this meeting will be very beneficial. Any assistance provided will be provided in the form of a check made payable to the final recipient and not the requester of the assistance. If you are approved for assistance, you will be asked to provide contact information for the recipient. Checks are typically mailed out on Fridays.

Sign by typing your name in the space below and then submit your request.

Name: _____ Date: _____