

Date: _____

Forest Mill Church of Christ
931-728-5191
3388 McMinnville Hwy.
Manchester, TN 37355

Benevolence

The process of benevolence assistance from Forest Mill Church of Christ has been established by our Elders to be reviewed and acted upon by the Benevolence Committee of whom they have selected. The process is as follows:

1. An application must be picked up, filled out completely, and returned to the church office.
2. The Benevolence Committee meets each Wednesday night to review applications.
3. A Committee member will be assigned to your case, and will contact you for further information or to clarify information on the application.
4. The process of determining whether or not assistance will be provided should be complete within **two (2) weeks**.

Please note: Although an application is obtained in the church office, neither the secretaries nor the ministers are on the Benevolence Committee, and will not be able to assist you in your request. Please wait to hear from a Committee member. Please give a good working phone number on the application.

How may we help you?

Monthly Income:	Weekly	Bi-weekly	Bi-Monthly	Monthly
Wages/Tips	\$ _____		SSI	\$ _____
WIC	\$ _____		SSDI	\$ _____
TANF (Welfare to work)	\$ _____		Unemployment	\$ _____
SNAP (Food Stamps)	\$ _____		Child Support	\$ _____
CACFP(Free Lunches)	\$ _____		Lottery	\$ _____
Section 8	\$ _____		Other	\$ _____
Social Security	\$ _____		Total	\$ _____

Transportation

Vehicle Make: _____ Model: _____ Year: _____ MPG: _____

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Do you have a valid Driver's license? Y N

Would you be willing to assist others with transportation needs? Y N

If yes, what days of the week would you be available? _____

Health

Do you use tobacco?

Are you currently in recovery for alcohol or substance use?

How many times in the past year have you had 4 or more drinks containing alcohol in a day?

How many times in the past year have you used a recreational drug or used prescription medication for nonmedical reasons?

What medical issues do you have?

If any, what past due medical bills do you have? How much?

What is the name of your insurance company?

Nutrition

Have you gained/lost more than 10 pounds in the last month? Y N

Has it been three days or more since you have eaten/drank (nonalcoholic)? Y N

Are you on a diabetic, renal or strict sodium controlled diet? Y N

Do you usually skip more than 5 meals a week? Y N

Do you ever eat anything that isn't food for humans? Y N

Do you vomit or use laxatives anytime after eating? Y N

Do you exercise more than 2 hours a day, 5 days a week? Y N

If any, what food allergies do you have?

Education

What was the last grade you completed? _____

Are you planning to continue your education? _____

Did you take special education classes? _____

If any, how are your child(ren)'s grades? _____

Do you have any student loans? If so how much do you owe? _____

- Would you be interested in a referral to any of the following:
- Bible study
 - Personal Visit
 - Minister Visit
 - Attend church
 - Financial counseling
 - Therapy
 - Job readiness class
 - Job placement services
 - Marriage counseling
 - Parenting class
 - DivorceCare class
 - New homeowner's class
 - Basic finance class
 - Financial Peace University
 - Safe Driver's Class
 - Smoking Cessation
 - Alcohol & Drug Treatment
 - Cooking class
 - GED class
 - Tutoring
 - Mentoring program
 - Volunteer for Upward