

Mercy Committee

REQUEST FOR ASSISTANCE

Thank you for taking the time to supply the information needed to help the Mercy Committee prayerfully consider this Request for Assistance (RFA). The questions on this form are based on our understanding of Biblical principles of mercy and stewardship and are intended to help us make the best decisions regarding each request.

The Mercy Committee considers RFAs twice each month. It is our intention to follow the guidelines developed by the Deacons and approved in the current Deacons Manual. A member of the Mercy Committee, the Diaconate or the Church staff will contact you regarding the decision.

While it is our desire to provide assistance in a clear, considered manner occasionally a situation of a more immediate nature arises. Should that be the case with this request please contact a Deacon or Elder to assist you in getting this RFA to the attention of the Mercy Committee. Otherwise, the completed RFA with any supporting documentation should be given to any member of the Mercy Committee, member of the church staff or anyone in the church office.

When filling out the RFA please provide as much of the requested information as possible as well as making sure we are able to contact you with questions or for clarification. Also please note that ALL assistance is given directly to a business or other entity in the form of a bill payment, so please make sure to attach the bill to the completed RFA. Cash or checks are never made payable to individuals.

Again, thank you for your diligence in supplying the requested information for this RFA, we can assure you we will consider it with the same diligence.

In His Service,

The Mercy Committee

Let us hold unswervingly to the hope we profess, for he who promised is faithful. And let us consider how we may spur one another on toward love and good deeds. Let us not give up meeting together, as some are in the habit of doing, but let us encourage one another and all the more as you see the Day approaching. Hebrews 10:23-25 NIV

Date_____

REQUEST FOR ASSISTANCE

Name of person requiring assistance_____

Name of person requesting assistance (if different than above) _____

Address_____

Telephone number or contact number/numbers:

Cell_____ Home_____ Work_____

E-mail address _____

You will be contacted by a member of the Mercy Committee before your request is considered. All requests will be considered by the committee which meets every two weeks.

TYPE OF ASSISTANCE REQUESTED

Housing/utilities_____ Food_____ Medical_____ Auto_____ Ministry_____ Other_____

Please provide invoices (copy of lease, auto repair, medical bill etc.)

Dollar amount of assistance requested _____

Have you requested assistance before? _____ When _____

For what reason are you requesting assistance? _____

Is this expected to be an ongoing situation? _____

[illegible]

Note:

No payments will be made without an invoice. Payments will be made to the entity which is due the monies. All requests for funds will require a copy of a valid driver's license.

CHURCH AFFILIATION INFORMATION

Church attending: _____

Are you a member? _____ How often do you attend? _____

If no attendance, please explain reason: _____

Name and telephone number of a person in the church we may contact and work with on your behalf.

If you are a member of EP Church, have you been in contact with your Care Net deacon?

Yes _____ No _____ Name of deacon _____

Are you currently involved with or being helped by any ministries of EP and any other church? If so, please list ministry name and contact information.

Please list all other churches or organizations you have sought help from and their response.

Now that you have filled out the form, please submit the form to the Church Office. You may either fax it to the Church Office, 410-266-6736 or hand deliver it to the deacon working with you. All needs are considered twice monthly.

Church Office Use Only:
