

STONE TOWER SEVENTH-DAY ADVENTIST CARE FUND

Purpose: A “Care Fund” shall be established for the sole purpose of assisting baptized members of Stone Tower Church who are facing immediate financial hardship. This fund is administered by the Care Fund Committee, comprised of of the Head Deacon or his designee, the Head Deaconess or her designee, and one other member at large from the Deacons or Deaconesses.

Uses: Funds can be used to pay emergency expenses such as rent, necessary utility bills, food. Under some extenuating circumstances we may be able to consider medical/dental bills. Other requests may be reviewed by this committee at their discretion and referred to the church board for final approval.

Duties:

1. The Chair of this committee shall call a meeting whenever necessary to review and take action on every request received. This body will have the authority to approve financial requests up to \$1,200.00 per year per family. If a request is for more than \$1,200.00, it will need to be presented to the Finance Committee who will review the request and recommend an action to the Church Board.
2. Demonstrate responsible stewardship through prayerful consideration of the need that is being asked.
3. All members shall treat this request in the utmost confidentiality as to not cause undue embarrassment to the applicant or family members.

Process:

1. The church member shall complete an application and return it to a member of this committee. Applications are available from the church treasurer
2. or by contacting a member of the committee.
3. Members should refrain from seeking these funds on behalf of another person but encourage the person who needs assistance to complete the application.
4. Attach any documents, invoices, bills, etc showing the amount due and the name of the party to whom money is owed. **(Please note that all monies will be paid directly to the party to whom the money is owed.)**
5. . When application is received, this committee will review the request. Committee will make every effort to confirm the debt is owed.
- 6.. If approved, a check request will be submitted to the Church Treasurer along with any supporting documents. The Treasurer will then issue check and mail unless other arrangements are made by a member of this committee.
- 7.7.If request is denied, the Chair of this committee will notify the applicant of denial and reason.
8. Requests for food shall be given via a gift card to Winco or Fred Meyer for a one week supply. Amount of assistance shall be \$100.00 per person, not to exceed \$500.00.

GUIDELINES FOR REQUESTING ASSISTANCE

1. Applicant shall be a baptized member of the Stone Tower Seventh-day Adventist Church.
2. Applicant shall prayerfully consider this request and allow the Holy Spirit to impress the need for this request. This fund is not intended to be used by members for frivolous items.
3. Applicant should try to seek alternative resources before requesting this financial assistance. Some suggestions would be to seek assistance from non-profit agencies such as Human Solutions or United Way Informational and Referral Service, or seek assistance from family and/or friends.

APPLICATION FORM

Type of assistance requested: Food _____ Money _____

1. Name _____ 2. Spouse's Name _____

3. Address, City, State, Zip Code _____

4. Names and Ages of children residing with you _____

5. Are there others who live with you? If so, please provide:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____

6. Name of person or agency to whom money is owed: _____

Mailing address: _____
City: _____ State: _____ Zip: _____
Telephone No. _____

7. Amount of Request _____ 8. Reason for Request: _____

9. Have you requested assistance from any other resources? Yes _____ No _____

If yes, from whom? _____ List amounts received _____

Name on the check: _____

Check will be made payable to the name listed in line item #6.

Applicant's Signature _____ Date _____

For office use only

Approved: Yes _____ No _____ If not approved, reason: _____

Amount given: _____ Date Applicant Notified of Decision _____

Date Approved: _____ Date check mailed: _____

Chair's Signature _____

We prayerfully ask that you consider donating to the Care Fund when you are able and as the Lord has blessed you.