



## FAMILY SERVICES MINISTRY

The FAMILY SERVICES MINISTRY is a Christian Ministry offering temporary assistance to Wayside family church members, and families who are members of a local church.

We also offer assistance to those who are homeless. You must request assistance with a referral from a local church (unless homeless). Our assistance depends on availability of food, funds and information. We ask that you tell us who referred you to our ministry. Our assistance is generally given on a one time and /or emergency basis, and if we have funds available. We want to help you look forward with options to help you through your current situation.

Please complete WBC Family Services Request for Assistance Form. We will review the form and schedule a meeting to discuss your situation. Please allow some time for the committee to meet to review your situation.

### **Please read and sign that you understand these guidelines:**

1. Please give us current information.
2. Complete the form as completely as possible.
3. Provide copies of any information that will assist us in our decision.
4. We are a Wayside ministry and not a government supported agency.  
Family Services receives Benevolence Donations from our church family and from that , we provide emergency /temporary financial assistance. Bags of food and clothing are available as well.
5. All information is confidential and personal and will be handled as such
6. All assistance is given to help the recipient work through a temporary need.
7. Current ID is required (driver's license, resident card, passport, etc).
8. We do not disburse cash and all checks are made payable to debtor only (FPL, etc). A copy of the bill is required.
9. Normally financial assistance takes 5 - 10 working days.
10. We can council you and possibly help you explore services regarding other kinds of assistance for your circumstance.

**Date:** \_\_\_\_\_

**Reviewed by** \_\_\_\_\_

\_\_\_\_\_

**Wayside Baptist Church Family Services Ministry REQUEST for ASSISTANCE**

Name of referring person/church \_\_\_\_\_ Date \_\_\_\_\_

phone number of person/church \_\_\_\_\_

NAME of Person requesting assistance \_\_\_\_\_

Driver's License Number \_\_\_\_\_ (Please attach copy)

SOCIAL SECURITY # \_\_\_\_\_

Persons Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Email \_\_\_\_\_ phone number \_\_\_\_\_ CELL \_\_\_\_\_

Place of employment & phone number \_\_\_\_\_

Are you a church member & how long \_\_\_\_\_

If not member of WBC where do you attend \_\_\_\_\_

Is your home church assisting you? \_\_\_\_\_ If so explain \_\_\_\_\_

What type of assistance is being requested \_\_\_\_\_

Is your home church willing to assist at present time \_\_\_\_\_

Please describe the circumstances that caused you to request help \_\_\_\_\_

\_\_\_\_\_

**USE BACK OF SHEET IF NEEDED**

What steps have you taken to resolve your current situation \_\_\_\_\_

\_\_\_\_\_

Has Wayside helped you before \_\_\_\_\_ If yes, what did you receive \_\_\_\_\_

What other churches/agencies have you contacted for assistance in the past \_\_\_\_\_

What type of assistance did you receive \_\_\_\_\_

Number of children living at home: \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Housing information

Rent \_\_\_\_\_ Own \_\_\_\_\_ Live with Family \_\_\_\_\_ Live with Friends \_\_\_\_\_  
Employment information Salary: \_\_\_\_\_

Are you employed? \_\_\_\_\_ Where \_\_\_\_\_ How long \_\_\_\_\_

If unemployed How long \_\_\_\_\_ Are you collecting unemployment \_\_\_\_\_

When & where did you work \_\_\_\_\_ Phone \_\_\_\_\_

When and where are you applying for work \_\_\_\_\_

Health information

Rate your health \_\_\_\_\_ Very good \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Please list and significant illnesses, injuries or handicaps that prevent you from working \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If on disability, what is the disability \_\_\_\_\_

(provide letter from physician or copy of letter of disability)

Personal Assistance

Do you receive government Assistance \_\_\_\_\_ If so, please list source and amount \_\_\_\_\_

Social security \_\_\_\_\_ AFDC \_\_\_\_\_ Food Stamps \_\_\_\_\_

SSI \_\_\_\_\_ Child Support \_\_\_\_\_ Other \_\_\_\_\_

Please understand this assistance is a ministry and we would like you to attend your church or you are welcome at WBC. We are here to offer spiritual guidance and support. Any food, clothes, etc is given as a gift to you and is not to be sold or traded for money.

By signing these sheets you are acknowledging you understand and are willing to adhere to this mandate. I hereby certify that any/all information submitted on this form is up to date and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**BUDGET INFORMATION**

**Monthly income (all sources)**

Employment \_\_\_\_\_ Take home pay \_\_\_\_\_

Child support \_\_\_\_\_ Other \_\_\_\_\_

Total monthly Income \_\_\_\_\_ (child support, etc)

**Monthly Expenses**

Tithes & Offerings \_\_\_\_\_ Telephone \_\_\_\_\_ Cellophane \_\_\_\_\_

Taxes \_\_\_\_\_ Rent \_\_\_\_\_ Internet services \_\_\_\_\_

Day Care \_\_\_\_\_ Cable TV \_\_\_\_\_ Car Payment \_\_\_\_\_ Ins \_\_\_\_\_

Gas \_\_\_\_\_ Health Ins \_\_\_\_\_ Life Ins \_\_\_\_\_ Credit Cards \_\_\_\_\_

Electric \_\_\_\_\_ Water \_\_\_\_\_ Food \_\_\_\_\_ Loans \_\_\_\_\_

Others \_\_\_\_\_

**What I owe ( anything outstanding)**

\_\_\_\_\_  
\_\_\_\_\_

**What I Own**

Checking Acct \_\_\_\_\_ Savings Acct \_\_\_\_\_ Car Yr & Make \_\_\_\_\_

Cert of Deposit \_\_\_\_\_ Ira/retirement \_\_\_\_\_ Other property \_\_\_\_\_

If you are requesting a bill payment, please supply the following information and attach a copy of

**BILL**

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ City \_\_\_\_\_ ZIPcode \_\_\_\_\_

Address \_\_\_\_\_ Amount Due \_\_\_\_\_

Account number \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE....OFFICIAL USE ONLY**

Family Services Only Assistance Approved \_\_\_\_\_

Denied \_\_\_\_\_

Reasons \_\_\_\_\_