

### Benevolence Ministry Fund Policy & Procedures

# Purpose

The purpose of the Benevolence Ministry is to draw people closer to Christ by helping to meet their basic financial needs in times of crisis or transition, according to biblical directives and fiscal constraints. The Benevolence Fund is intended as a source of last resort, to be used when the family or individual requesting assistance has explored all other possibilities of help from family, friends, savings, or investments. It is intended to be a temporary help during a time of crisis or transition.

## **Recipients**

Epic Christian Church seeks to first meet the needs of every member of the church family. Additionally the needs of regular attendees and guests are also considered on a case-by-case basis. Ordinarily, the stronger one's association with the church, the more likely it is that assistance can be offered. The Benevolence Ministry may intervene in unique situations in such a way that the love and grace of Christ might be extended to a community member in tandem with the gospel message.

### **Types of Assistance**

The Benevolence Ministry strives to handle the resources God provides in a way that honors Christ and serves His bride, the church, with mercy and compassion. In so doing, the Benevolence Ministry hopes to insure that every member of Epic has the resources to meet their *primary needs*. Primary needs are those necessary for physical, emotional and spiritual health and survival. Monetary help will normally be given for specific needs rather than for ongoing, chronic general needs. Financial counseling is available to those who need instruction and guidance on Biblical financial practices as a means to alleviate future and ongoing financial crisis.

Entering into debt is a serious decision and individuals should heed Biblical warnings (Proverbs 22:7). The Benevolence Ministry discourages most debt and will not make payments on debt load, particularly credit card debt or bankruptcy payments.

Normally, *primary needs* are defined as:

- lodging
- food
- transportation to or from a place of employment
- funeral expenses
- ❖ initial evaluation and professional counseling appointments Needs that may *not* be met by the benevolence fund include:
- \* medical treatment
- school expenses, business investments, or anything that brings financial profit to the individual or family
- paying off credit cards. Exceptions can be made when an individual has had to use a credit card in a crisis or emergency (e.g., hospitalization, death, etc.)
- needs of individuals who are wanted by the law or for paying fines as a result of breaking

- the law
- legal fees/ court fees
- penalties relating to late payments or irresponsible actions
- private school fees or tuition
- business ventures or investments

#### **Assistance Criteria**

The Benevolence Ministry will consider the following criteria in helping to meet a financial, primary need:

- The individual has a relationship to Epic Christian Church. (This will be taken into account, but will not be the sole deciding factor in whether or not assistance will be extended.)
- \* The individual has a demonstrated need.
- ❖ The individual is unable to earn sufficient funds to support all his needs.
- ❖ The individual's family resources are not available or sufficient.
- ❖ The individual has used his personal resources until they are relatively exhausted. (The Benevolence Ministry will consider all reasonable factors in determining whether this factor is met. People should not be totally destitute before they are eligible.)

# **Decision Making Process**

All benevolence requests follow this process:

- ❖ Individual completes Request for Assistance Application
- ❖ Individual includes all necessary forms, bills, statements, etc. in application packet.
- ❖ Individual meets with Benevolence Ministry Leader
- ❖ Benevolence Ministry Leader processes Request
- ❖ Approved requests are allocated within 3-5 days

### **Timeline for Financial Assistance**

Although an individual may contact Epic Christian Church feeling that their need requires immediate attention, a request for financial assistance cannot be processed ordinarily in an urgent manner. Individuals can expect a request to take 3-5 days to process.

### **Financial Assistance Allocation**

For Benevolence accountability as well as accountability for the individual receiving assistance, the Benevolence Ministry checks will only be issued to the financial institution that is owed. That is to say, checks will be made out to meet the specific need, not to provide undesignated cash and will not be made out to the recipient. In addition, financial assistance is typically allocated to an individual or family no more than once a quarter and is restricted to a bracket between \$50-\$250 per request.

#### Other Assistance

Every family requesting assistance is offered help through the Epic Food Mission. A food box can be received at any time for Epic Christian Church members, attendees, and guests, and community members are invited to receive a food box during regular distribution times.

### **Request for Assistance Application**

The following application form must be completed before we can determine if an appointment

will need to be made to provide assistance through the Epic Christian Church Benevolence Ministry. We will contact you if an appointment will be needed.

If an appointment is necessary, please bring with you any and/or all of the following items that pertain to your request. Relevant and current documentation is necessary to assess your current financial situation and need. Failure to do this may disqualify you from receiving assistance:

- ❖ Completed Request for Assistance Application
- Current bills that your specific request/need (medical, utility, etc.)

Date: \_\_\_\_\_Time: \_\_\_\_

<b>*</b>	Any other documentation necessary to clarify your financial situation Please make
	appropriate child care arrangements for small children prior to your appointment with the
	Benevolence Team Leader. The appointment will take approximately 30 minutes to an
	hour. My Appointment is scheduled for:
	• ••

# **Request for Assistance Application**

Name	SSN	Date of Birth //
Address:	City:	State/Zip
Phone:	Email:	Marital Status: (Circle One) Single Married Separated Divorced

# **Family Living**

List the names, ages, gender, and relationship of everyone currently living with you:				
List the names, ages, gender	List the names, ages, gender, and relationship of everyone currently fiving with you:			
Name	Age	Gender	Relationship	
Name	Age	Gender	Relationship	
Name	Age	Gender	Relationship	
Name	Age	Gender	Relationship	
Name	Age	Gender	Relationship	
List the relatives living in the	e San Tan Val	ley/ Phoenix area:		
Name Relationship				
Name Relationship	Nama Palationship			
Traine Relationship	Name Relationship			
Name Relationship				
Do you currently own or rent? How long have you been at your present address?				
bo you currently own of fent: How long have you occil at your present address:				
Landlord/ Mortgage Company:				
Do you own or have access to	Do you own or have access to a vehicle?			

# **Employment**

Name of Employer:	Length of Employment:		
Supervisor:	Phone:		
Job Position/ Description:			
If not employed, where have you been actively looking for employment?			
How long have you been unemployed?			
Reason:			
Spouse's Employer:			
If not employed, is she/he actively looking for employment?			

# Financial Counseling/Previous Assistance

Have you seen a financial counselor in the last six months?		
If yes, with whom?		
Have you contacted anyone else for assistance in the last six months?		
Please specify (other churches, family, friends, agencies, etc.)		
What steps are you taking to improve your current situation?		
Have you received assistance prior to this from Epic Christian Church?		

# **Spiritual Information**

How often do you attend church?
Are you a member of Epic Christian Church or another church? (Please specify church home)
For how long?
How would you describe your relationship with Jesus Christ?
Are you involved in a Community Group?

I authorize Epic Christian Church Benevolence Ministry Leaders to verify all information contained in this application form and confirm that the information provided is accurate to the best of my knowledge.

Signature	Date
Printed Name	

# Budget Worksheet Monthly Income:

Job #1	\$	
Job # 2	\$	
Spouse's Income	\$	
Child Support	\$	
Retirement	\$	
Social Sec.	\$	
SSI/Disability	\$	
Food Stamps	<u> </u>	
Other	\$	
	\$	
	\$	
Total Monthly Income	\$	
Monthly Expenses		n 1
Tr1	dh	Balance
Tithe	\$	
Rent	\$	
Mortgage	\$	db.
Car Payment(s)	\$	\$
Auto Insurance	\$	\$
Auto (gas & oil)	\$	
Electric/Gas	\$	
Water	\$	
Food	\$	
Phone	<u>\$</u>	
Cable TV	\$	
Child Care	<u>\$</u>	
Credit Card Debt	\$	\$
School Loans	\$	\$
Bank Loans	\$	\$
Other	\$	\$
	\$	\$
	<u>\$</u>	<u>\$</u>
Total Monthly Expenses	\$	