



## Confidential Benevolence Needs Analysis Profile

All sections must be completed

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I attend Emergence (circle one):    Weekly    Monthly    Occasionally    Have Not Attended

How did you hear about Emergence? \_\_\_\_\_

Do you belong to or regularly attend any other church (circle one)?            Yes    No

If yes, what is the name of the church? \_\_\_\_\_

If yes, have you asked your church for assistance(circle one)?    Yes    No    If yes, when? \_\_\_\_\_

How did your church respond? \_\_\_\_\_

Have you received assistance from any church, ministry, or agency in the last 6 months?    Yes    No

If yes, what type of assistance and what was the amount? \_\_\_\_\_

What is the amount of assistance you are requesting today? \_\_\_\_\_

**(Please provide copies of bills or documentation of the need.)**

### **PROCEDURES FOR ASSISTANCE:**

Complete these forms and return them to the office, attention Benevolence Team. After the forms have been reviewed, the Benevolence Team will discuss them and they will make recommendations. Someone from the Benevolence Team or office will contact you. This information will be kept confidential and only shared with members of the committee and those who will ultimately assist you. If the committee recommends that we pay some of your expenses, you must provide copies of the payments due. Payments will be made directly to payees and not to individuals, as we do not give cash gifts to individuals. Processing takes 5 business days after approval.

*I authorize the Benevolence Team to review the information I have provided. I am seeking God's help through them to use wisdom and discernment in helping me in my present situation. I understand that they will make recommendations and may provide limited financial assistance.*

Signature \_\_\_\_\_ Spouse's Signature \_\_\_\_\_



The purpose of Emergence Benevolence is to provide assistance in accordance with Biblical principles of helping widows, orphans, the poor and needy. Our financial assistance is limited to the basic necessities to include food, shelter, clothing, transportation, some medical, and biblical counseling.

We encourage you to be actively involved in your church during times of hardship and blessing.

**CURRENT CIRCUMSTANCES:**

Please describe your current situation and needs. Provide enough details to help us understand what difficulties you are going through:

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**HOUSEHOLD:**

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Education/Training</u>

What are your goals and plans for the future?

Short-term (2 - 6 months)

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Long-term (6 months - 2 years)

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**What steps are you taking to reach these goals?**

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**What gave you the courage to ask a church for help?**

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**What is your annual income?** \_\_\_\_\_

**Do you receive any support from the government?** Yes No    **From family member?** Yes No

**In the past 6 months have there been any changes in your income or expenses? If you haven't already covered this above please explain.**

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