

action taken: _____

date request granted: _____

not eligible for additional assistance until: _____

EMERGENCY ASSISTANCE QUESTIONNAIRE

Date: _____

NAME: _____

ADDRESS: _____

PHONE: _____

HOW DID YOU FIND OUT ABOUT CLAYTON COMMUNITY CHURCH?

DO YOU ATTEND CHURCH? IF SO, WHERE?

HAVE YOU RECEIVED HELP FROM THEM OR ANY OTHER CHURCHES?

WHAT IS YOUR CIRCUMSTANCE AND REQUEST OF US?

OUR POLICY:

- Secretary cannot authorize anything.
- Policy for non-members would be emergency help of up to \$25.00 if approved.
- Cannot offer assistance more than once every 6 months.
- No cash or checks payable to individuals.
- In the case of food, certificates will be given.
- Bills will be made payable to the creditor.
- Most circumstances will require that you pick it up.

ADDITIONAL COMMENTS: _____
