



Friendship Baptist Church

633 East Dale Street, Colorado Springs, CO 80903

(719) 473-8186 · FAX: (719) 473-7709

secretary@friendshipbccs.com

Pastor Roland G. Williams

PURPOSE: The purpose of this Policy is to establish guidelines for the operation and procedures of our Church Family Ministry of Financial & Food Assistance to needy individuals within Friendship Baptist Church (FBC) and community. This policy is necessary to insure the smooth operation of services to our Church Family and the Community.

RESPONSIBILITIES OF THOSE IN NEED OF ASSISTANCE:

1. If you are requesting food, you will be referred to the Food Pantry Ministry to meet your needs, on a first come, first serve basis. If you are requesting financial assistance, you will be referred to the Benevolence Ministry, and you will be assisted on a first come, first serve basis.
2. Members who need help must fill out the “Request for Assistance” form completely.
 - a. All information must be addressed or the request is automatically turned down.
 - (1) Name, address, and telephone, etc.
 - (2) Spouse name and employer.
 - (3) Your name, address, and phone number.
 - (4) Landlords’ name, address and phone number.
 - (5) You must answer if you or anyone in your family is receiving Food Stamps, the amount of any Section 8, or other public housing, etc.
 - (6) Other Assistance Programs, such as Care and Share, EMS, etc.
 - (7) Must state clearly with no mis-leading statements as to WHY assistance is needed.
 - b. Non-members requesting assistance must go to at least three 5 other sources before coming to the church. Members of Friendship Baptist Church are not required to.
3. An Eviction Notice past due rent must accompany the “Request for Assistance” form or the request will not be considered.
4. Cut off notices for any Utility bills (gas, light, water, etc.), must accompany the request form or the request will not be considered.
5. The following will not be considered as a “Request for Assistance”.
 - a. Cable bills
 - b. Telephone bills
 - c. Payments or down payments as deposits
 - d. The following will not be considered or looked at:
 - e. Car insurance
 - f. Health Insurance
 - g. Car notes
 - h. Personal habits (e.g. smoking, alcohol, drugs, etc.)
6. The following will be considered where children are involved:
 - a. Light, water and gas
 - b. Extreme medical situations
7. Members are asked to be responsible when referring non-members to the church to make sure they have made some efforts to do something for themselves.
 - a. Make sure to let them know that this is a Ministry primarily to and/or for members of FBC.

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- b. FBC should be their last resort.
8. Please note that this service is to be used as a temporary emergence source of aid. No one will receive aid from FBC more than three times in a calendar year. Also, members and non-members will be asked to go through financial consultation after we have helped them twice with the resources, we have available.
9. If for any reason, the Benevolence Ministry chairperson or the food Pantry Ministry chairperson feels that the provided information is misleading in any way or that the person gave certain mis-information in order to get what was requested, then their request will automatically be considered null and void, thus disapproved.
 - a. If they were not true in going to the resources, they say they went to.
 - b. If children are used as a method to get what was requested.
10. Persons asking for assistance should not expect assistance before 72 hours after the Benevolence Ministry or the Food Pantry Ministry receives the request.
11. Persons should not wait until the last minute to come to the Benevolence Ministry or the Food Pantry Ministry for assistance.
12. All persons requesting assistance will be asked to appear before the Benevolence Ministry to state in person their need for assistance.

RESPONSIBILITIES OF NON-MEMBERS:

1. Go to at least five (5) resources before coming to the Church.
2. Make sure that the Church is their last resort.
3. Members Must meet the same requirements of members.
 - a. Supply Eviction Notice(s)
 - b. Copy of bills that need to be paid
 - c. Be ready to go to financial counseling
4. Be ready to supply a list of all bills, so that an assessment of their needs can be made and deal with the real issues of the problem.

NOTE: Whereas we are a called people, who confess a belief in Jesus Christ and feel the urgency of Christ in regard to taking care of those in need. However, we do not have the resources to take care of everyone. Please keep in mind, that if we are found lending monies to members we will be legally in violation of Federal and State regulation. Please be considerate of your Church by not putting us into this position. Thank you.

I verify that I have read and agree with the above.

Signature: _____

Date _____

Roland G. Williams, Pastor
Friendship Baptist Church

Date _____



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Assistance Request Form

Please PRINT and Ensure Each Blank is Completed

(Non-members asking for assistance should not expect assistance before 72 hours after the Benevolence ministry or Food Pantry receiving the request. No one will receive aid from Friendship Baptist Church more than two times in a calendar year.)

(PRINT) NAME: _____ DATE: _____

Spouse: _____ Phone: _____

Address: _____ Zip: _____

Landlord Name: _____ Phone: _____

Address: _____

Are you requesting Food Rental or Financial Assistance (check applicable box/boxes) If food assistance is requested, skip rest of form and sign on page two (2). If financial assistance is requested, please continue.

Please list children living with you:

NAME	AGE	NAME	AGE

List other person(s) living in your household (relatives, friends, etc.):

NAME	AGE	NAME	AGE

Your Employer: _____

Address: _____

Telephone: _____ (Circle One) Monthly / Weekly Salary: _____

Spouse's Employer: _____

Address: _____

Telephone: _____ (Circle One) Monthly / Weekly Salary: _____

AMOUNT REQUESTED: _____ DATE NEEDED BY: _____

REASON FOR ASSISTANCE (Please provide verification) _____

Are you or any member of your household now receiving the following subsidies?

ASSISTANCE	YES	NO	AMOUNT RECEIVED
Food Stamps			
Section 8 / Public Housing			
AFDC			
LEAP			
WIC			



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Foster Parent Subsidy			
Social Security or SSI			
Workman's Compensation			
Other:			

AGENCY	YES	NO	ASSISTANCE RECEIVED
Care and Share			
ESM			
Family Budget Counseling			
Other Churches			

If you are not receiving assistance from the above agencies, have you applied for them? Yes No If Yes, when: _____

OTHER ORGANIZATIONS / SOURCES	ASSISTANCE RECEIVED

Is there anything you feel we should know about you or your situation that will help us to make a recommendation to our church? _____

Who referred you: _____ Phone: _____

Church Affiliation: _____

Pastor: _____ Phone: _____

How long have you been in the city? _____ Hometown & state: _____

If we help you out of this crisis, how will you help yourself next month? _____

I, _____, hereby give permission to any individual or agency to release any information concerning me or my family relevant to this request to a representative of Friendship Baptist Church.

Signature: _____ Date: _____