



St. Francis of Assisi Catholic Church
Parish Social Ministry (734-821-2121)
2150 Frieze Avenue • Ann Arbor, Michigan 48104-4799 • (734-769-2550)

APPLICATION

Criteria for Determining When Emergency Financial Aid is Granted:

The person applying:

1. has experienced a significant transition / event (loss of job/income, surprise expense/auto accident/illness or death in family.
 2. signs the agreement to receive care and/or release of information record.
 3. can document income and bills and can show a history of paying those bills on time.
 4. shows evidence of offering their own talents to help others.
 - a. participates in worship each week & family formation classes.
 - b. is a member (or known as active) in the community.
 - c. service projects
 5. is willing to consider alternatives in setting goals for the future.
 - a. alternative food supplies possibly from local pantries and/or free meals.
 - b. affordable housing options.
 - c. available transportation.
 6. considers self-help suggestions such as financial management help and individual, family or marriage counseling (The thought behind this is that individuals, marriages and families are under a great deal of stress when they are going through crisis and may need outside support).
 7. understands any financial assistance grant is temporary (one or two months at most).
 8. inquires at the Department of Human Services (734-481-2000) about sources of assistance, which may be available from Washtenaw County and/or Michigan State of Michigan Emergency Relief, as well as, ETS (734-544-6850).
 9. makes contact with our congregational network, Friends-in-Deed (734-484-4357) to inquire about additional sources of assistance, which may be available.
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INFORMATION RELEASE

I agree that in signing this release:

St. Francis of Assisi Catholic Church may contact all persons and organizations named by me for the purpose of verifying the information given by me. All such persons and organizations are hereby authorized to disclose any helpful information regarding me in their possession. I agree to hold St. Francis of Assisi Ministers and St. Francis of Assisi Employees harmless with respect to soliciting, documenting and maintaining such information provided that they exercise reasonable care to insure confidentiality.

A Copy to Client given:
(date) _____

LOG: (dates & calls & visits, with person & Agency.)

- 1.
- 2.
- 3.

(Name - Printed)

(Signature)

(Date)

The person witnessing the signature above (interviewer):

(Signature – Name Printed)

(Date)



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Client Information/Interview **Date:** _____

Name: _____

Address: _____ **Phone (HM)** ____ - ____ - ____

City/State: _____ **Phone (WK)** ____ - ____ - ____

Zip Code: _____ **Phone (Other)** ____ - ____ - ____

What would the client like to have happen?: _____

Where Born: _____ **Age:** _____ **DOB:** _____

Marital Status: Single Widowed Married Separated Divorced **Spouse Name:** _____

Citizen: Yes - No **Resident of U.S.A.:** Yes - No **How Long:** _____

Education: _____ **Religion:** _____ **Parishioner:** Yes - No

Employed: Yes - No, Full: ___ Part: ___ **Termination date:** _____ **Unemployment Comp:** Yes - No

Occupation: _____ **Company:** _____ **Monthly Income:** \$ _____

Other Income: AFDC: _____ WIC: _____ **Food Stamps/Bridge Card:** _____ **SSI:** _____

Assistance: ___ **Washtenaw County-FIA:** \$ _____ **Other Organizations:** \$ _____ **Other Churches:** \$ _____

Date(s): _____

Medical: Medicaid: ___ Hospital Insurance: ___ Medicare: _____ **Other:** _____

Transportation: Bus/Public: _____ Automobile: _____

Bank Account(s): Yes - No _____; **Any Income:** _____ **Extended Family:** _____

Children and Extended Family:

Name:	Age:	Sex:	School/Employer

Monthly Expenses: Rent \$ ___ Electric: \$ ___ Gas: \$ ___ Water: \$ ___ Childcare: \$ ___ Transportation: \$ ___

Referral? Yes - No Agency: _____

Case Worker Name & #: _____

Action Taken by the St. Francis SVDP: _____

Name of Interviewer (the person completing this form): _____