

Shelby County Community Charities, Inc.
Emergency Assistance Funding Request

Date of request _____ Amount of request _____

Name of applicant _____

Street address _____

City _____ State _____ Zip _____

Phone _____

Is this request for a Child? ___ If so, name of child _____ Age of child _____

Assistance requested _____

Are you a Shelby County resident? _____ Are you a U.S. Citizen? _____

Applicant Employer _____

Length of Employment _____ Position _____

Employer Phone Number _____ Supervisor Name _____

Spouse Employer _____

Length of Employment _____ Position _____

Employer Phone Number _____ Supervisor Name _____

Name and ages of everyone living in your household:

Do you have medical insurance?_____ If so, Insurance Name (such as Blue Cross, Humana, Medicaid, Medicare)_____

Policy Number_____ Insurance Phone Number_____

Has your need for assistance resulted from a work related situation, injury or illness?_____

If yes please explain_____

Explain reason for assistance requested_____

Explain what actions/resolutions are being taken to resolve and correct this need for assistance_____

How long will the plan of action for correction take_____

Have you applied for assistance from any other Church, Organization, or Government Agency?_____ If so, explain, list agency, and date applied_____

What is the financial situation of the family? Please explain in detail the events leading up to your request_____

Thank you for providing this information to our committee. Please be assured this personal information will be held in strict confidence. Requests for assistance with payment of medical bills, medicine, food, and transportation take precedence over all other requests. Applications must be completed and submitted to a member of the SCCC. By signing below you will allow the SCCC to verify any and all information needed. Applications take 30-45 days for processing and monies will be dispersed 10 days after approvals.

Applicant Signature _____ Date _____

SCCC Member Signature _____ Date _____

Committee Review _____

APPROVED

DENIED

Signature of Committee Chair _____ Date _____