



ST JUDE CATHOLIC CHURCH

EMERGENCY ASSISTANCE FORM

"LOVE ONE ANOTHER AS I HAVE LOVED YOU"

Recognizing that individual and families experience financial difficulties at time. St Jude Catholic Church (St. Jude's) is dedicated to working with the community to offer help in various ways. Because are funds are limited we have the following guidelines:

GUIDELINES

Parishioners of St Jude

Non-Parishioners who live in Allen, Lucas, Fairview and in McKinney's 75069 zip code or in the AISD boundaries. Others will be referred to other agencies if appropriate:

Assistance to be given only one time

Must have a form of Photo ID

Must have the overdue bill(s) or documentation for assistance or a copy of each

Funds will not be given to the applicant but will be paid directly to the entity owed

Applicant understand that St. Jude's may contact the entity owed to verify the debt

Partial Payment may be made

The application does not guarantee assistance

**** PLEASE ALLOW 7 DAYS FOR THE REVIEW OF THIS APPLICATION****

**** PLEASE ONLY CALL THE PHP HELP LINE NUMBER AS THEY WILL KNOW YOUR CURRENT STATUS -- ST JUDE DOES NOT HAVE THIS INFORMATION**

If you feel you qualify please feel out the following application;

This information is important to help determine the types of service that may be helpful to the Applicant



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PERSONAL INFORMATION

FIRST NAME:	MI	LAST NAME	DATE OF BIRTH
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Spouse Information If Applicable

FIRST NAME:	MI	LAST NAME	DATE OF BIRTH
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Marital Status and Gender Please Circle One:

Marital Status	Gender
Married Single Separated Divorced Widowed	Male Female

Church Affiliation (Member of St Jude) YES or NO

Another Church _____

Other Information

STREET ADDRESS

CITY	STATE	ZIP	PHONE:
			EMAIL:

Proof of Residence Please Circle One:

Driver's License Utility Bill ID Card Other (if other please describe below)

Other Dependents

Name	Age	Relationship



People Helping People

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OTHER INFORMATION

Housing Information Please Circle One

Rent Own Live w/Family Live w/ Friend Homeless Other *(please explain)*

How Much to you pay per month for Housing \$ _____

Employment and Income Information

(If employed, circle Yes or No, list place of employment, take home pay per month)

SELF -- YES NO Place of Employment _____ Monthly Take Home Pay \$ _____

Spouse YES NO Place of Employment _____ Monthly Take Home Pay \$ _____

Others YES NO Place of Employment _____ Monthly Take Home Pay \$ _____

If You are Not Currently Employed Please Explain Briefly Below:

Other Income / Benefits

(If you or any member of your household receives other benefits such as Social Security, SNAP, Child Support, Alimony or others please provide the information below:

Person Receiving Benefits	Type of Benefits (Snap, etc)	Amount of Benefits
		\$
		\$
		\$
		\$

If Receiving Child Support, is it Court Ordered ? (circle one) YES NO

If Receiving Alimony, is it Court Ordered ? (circle one) YES NO



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FINANCIAL NEEDS

Please tell us about your financial needs:

Have you previously applied for financial assistance with St. Jude Catholic Church?
(circle Yes or NO)

YES NO

Please list below any agency or organizations you have applied to in the last 12 months

Amount Requested: \$

To Be Used For:

How Did You Hear about St Jude?

Applicant Signature

Date MM/DD/YY

Last 4 numbers of SSN _____



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RELEASE AGREEMENT

I agree that by signing this release:

The information I have given on the “Emergency Assistance Request Form” is correct to the best of my knowledge. (circle Yes or No) YES NO

St Jude Catholic Church in Allen Texas may contact all persons or organizations named by me for the purpose of verifying the information requested so that I may receive assistance. All such persons and organizations are hereby authorized to disclose all information regarding me in their possession. I agree to hold St. Jude Catholic Church (Employees and Volunteers) and the Diocese of Dallas harmless with respect to soliciting documentation, and maintaining information provided that they exercise reasonable care to ensure confidentiality. (circle Yes or No) YES NO

CONTACT INFORMATION

Based upon your agreement above please list the people or organizations that St. Jude may contact:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I State that I have CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEROF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding release which I have read and understand;

Name (print)

Signature

Date (MM/DD/YY)