



## Confidential Benevolence Application

*All sections must be completed to be considered for review*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

I attend Emergence (circle one):    2-4x/month    Monthly    Occasionally    Have not attended

If attending Emergence, which campus?                      Totowa                      Ringwood

Do you belong to or regularly attend another church?                      Yes                      No

If so, what is the name of your church? \_\_\_\_\_

If attending another church, have you asked your church for assistance?                      Yes                      No

How did your church respond? \_\_\_\_\_

Have you received assistance from any church, ministry, or agency in the last 6 months? \_\_\_\_\_

If yes, what type of assistance and what was the amount? \_\_\_\_\_

Which are you seeking (circle one):                      **Financial Assistance**                      **Counseling**

If seeking financial assistance, what is the amount of assistance that you are requesting today?

\_\_\_\_\_

If seeking financial assistance for counseling, please indicate how much you are able to pay out of pocket per session. \_\_\_\_\_

***The Purpose of Emergence Benevolence is to love people by extending God's mercy to those in crisis and to empower them by sharing the hope of the Gospel. This is an extension and practical application of our mission which is to love Jesus, love people and to plow a counter culture.***

**The following tools are used by the Benevolence Ministry:**

**Community** - Church, Community Groups, Redemption and Recovery Ministry

**Prayer** - Spiritual guidance, support, and accountability.

**Counseling** - Psychotherapy treatment to assist in processing, healing, growth, recovery and other issues in one's life

**Financial Coaching** - Budgeting

**Financial Gift** - Typically reserved for members and regular attenders.

*The individual applying should be the one to complete the following*

**CURRENT CIRCUMSTANCES:**

**Please describe your current situation and needs. Provide enough details to help us understand what difficulties that you are going through:**

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**HOUSEHOLD:**

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Education/Training</u>
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**What are your current short term goals? (2-6 months)**

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**What are your current long term goals? (6 months - 2 years)**

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**What actions are you currently taking to reach these goals? (1-3 specific behaviors)**

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How did you hear about the Benevolence Ministry?

\_\_\_\_\_

What is your annual income? \_\_\_\_\_

Do you receive support from the government? Yes No

From a Family Member? Yes No

If you haven't already explained, what has encouraged you to ask for help now rather than 6 months ago or wait an additional 6 months?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If seeking counseling:

Primary Insurance: \_\_\_\_\_ ID# \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID# \_\_\_\_\_

*I authorize the Benevolence Team to review the information that I have provided. I am seeking God's help through them to use wisdom and discernment in helping to create a plan in my present situation.*

Signature \_\_\_\_\_

Spouse's Signature (does not apply if seeking individual counseling) \_\_\_\_\_

**Note from the Benevolence Team:**

***It takes courage to complete and submit this application. Thank you for doing so. Know that you bear the image of God Almighty. You are loved. You are gifted. You are precious. You are called to have God at the center of your worship. You are called to work. God will***

*always be with you. He loves you and we do too. Please see the following page for further details on what to expect and how to submit this application.*

## **Options for Submitting this Form (choose 1):**

Email: Please scan and email in PDF format to [info@emergencenj.org](mailto:info@emergencenj.org).

Mail or drop off:

Emergence Church  
Attn. Benevolence  
930 Riverview Drive Suite 300  
Totowa, Nj 07512

## **What to Expect if Applying for Financial Assistance:**

- 1) **Prepare to be called** - Please do your best to be prepared by knowing your monthly income vs. monthly expenses.
- 2) **Expect a Call** - A Benevolence Case Manager will call you to discuss your application and will partner with you to create a plan.
- 3) **Action Plan** - If the Benevolence team recommends that we assist with some of your expenses, you must provide copies of the payments due. Payments will be made directly to payees and not to individuals, as we do not give cash gifts. Processing will take 7-10 business days after approval.
- 4) If you do not receive a call within 2 weeks of submitting the application, feel free to follow up with the office.

## **What to Expect if Applying for Financial Assistance for Counseling**

- 1) **Expect a Call** - A qualified clinician will call and walk you through the steps of utilizing financial assistance from the Benevolence Ministry for Counseling. We may also assist with finding a counselor if needed.
- 2) If you do not receive a call within 2 weeks of submitting the application, feel free to follow up with the office.