



## COMPASSION FUNDS APPLICATION

The Compassion Funds Application is used to help the Prairie Lakes Church Care Team determine how we may be able to come alongside you during a season of financial difficulty.

Compassion Funds **are not** intended for: rent/mortgage/deposits, emergency relief, credit card/debt issues, legal expenses, or long-term medical expenses.

### ***Completing an application does not guarantee assistance***

#### **Types of assistance provided if approved:**

- Groceries/gas, utilities, some medical expenses and minor car repairs.
- Assistance is limited to a maximum of \$200/family per year and comes in the form of a gift card (mailed) or direct payment to your utility/medical/car repair account.

### ***We are not equipped to give emergency or cash assistance***

#### **To be considered for Compassion Funds, submit the following:**

- Completed Application
- Copy of a current government issued ID
- Copy of medical/utility bill or past due notice listing the account number and contact information (if applicable)

#### **Where can I return my completed application?**

- Applications can be returned to any Prairie Lakes Church office or emailed to the appropriate campus

#### **How often can I apply for Compassion Funds?**

- Every four months, up to three times per calendar year.

#### **When will I hear back?**

- Once the application has been received, it will be reviewed within 10-14 business days
- You will be notified by email, phone or mail (sent to the address listed on your application)
- If necessary, a Prairie Lakes Church Care Team Member may be in contact with you to speak with you regarding your application prior to the decision being made

#### **Cedar Falls Campus**

1907 Viking Road, Cedar Falls, IA 50613  
319.266.2655  
care@prairielakeschurch.org

#### **Grinnell Campus**

105 West Street South, Grinnell, IA 50112  
641.236.0168  
caregrinnell@prairielakeschurch.org

#### **Cedar Rapids Campus**

621 Edgewood Road NW, Cedar Rapids, IA 52405  
319.396.8222  
carecedarrapids@prairielakeschurch.org

#### **New Hampton Campus**

301 North Water Ave., New Hampton, IA 50659  
641.456.6880  
carenewhampton@prairielakeschurch.org

#### **Fort Dodge Campus**

200 Ave. O, Fort Dodge, IA 50501  
545.302.8889  
carefortdodge@prairielakeschurch.org

#### **Osage Campus**

2011 Highway 9, Osage, IA 50461  
641.832.2916  
careosage@prairielakeschurch.org





**Assistance Request**

What specific help are you requesting?

What situation has caused you to experience this need?

How much can you put toward this need?

How do you plan to meet this need next month?

List all churches, agencies or organizations you have contacted for assistance.

Organization	Contact Person	Phone Number	Amount Received

**Employment History**

Is anyone in your household unemployed due to disability?

- No     Yes. Nature of disability: \_\_\_\_\_
- Applicant
  - Spouse
  - Other family member: \_\_\_\_\_

**Your Employment**

Full or Part Time	Employer	Title	Dates	Reason for Leaving

If not employed:

How long have you been unemployed? \_\_\_\_\_ Reason: \_\_\_\_\_

Are you currently seeking employment? \_\_\_\_\_

**Spouse or Roommate's Employment**

Full or Part Time	Employer	Title	Dates	Reason for Leaving

<b>Monthly Income and Expense Report</b>				
<b>Income</b>	<b>Amount</b>	<b>Expenses</b>	<b>Amount</b>	<b>Past Due Amount</b>
Applicant's Wage		Housing		
Spouse/Roommate's Wage		Electric		
Food Stamps		Gas		
Social Security		Water		
Disability		Cable		
Veteran's Disability		Home Phone		
Retirement		Cell Phone		
Child Support		Car Payment 1		
FIP (Family Investment Planning)		Car Payment 2		
Family or Friends		Court Fines		
Unemployment		Gasoline		
Worker's Comp		Auto Insurance		
Other Agencies		Health Insurance		
Housing Assistance		Groceries		
Daycare Assistance		School Lunches		
Other:		Medical		
		Childcare		
		Child Support		
		Loans		
		Credit Cards		
		Memberships		
Checking Account Balance		Other:		
Savings Account Balance				
<b>Total Available Funds</b>				
		<b>Total Expenses</b>		

Car 1 - Model:	Year:	Balance owed:
Car 2 - Model:	Year:	Balance owed:
Mortgage Company	Phone	
Address		
Landlord/Apartment name	Phone	
Address		
<b>Release of Information</b>		
<p>I hereby authorize the release of information to Prairie Lakes Church (PLC) to receive the assistance I am requesting. I further certify the information I have stated is true and correct and that all income is reported. I understand PLC may verify the information on the application and the deliberate misrepresentation of information may subject me to denial of assistance.</p> <p>I give PLC employees permission to discuss my case with other agencies, businesses, churches, attorneys, individuals and any others deemed necessary to verify the application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.</p> <p>I have read, understand and agree to the policies above the regarding the Release of Information.</p>		
_____	_____	
Signature	Date	

<b>For Office Use Only</b>
Application Received (date, person)
Member Status
Action Taken
Notes
Decision <input type="checkbox"/> Approved <input type="checkbox"/> Declined – explanation: