



Date ____/____/____

Person making recommendation: _____

BENEVOLENCE NEEDS ASSESSMENT

Name: (Last, First, M.I.)	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Street Address:	Apt/Unit:
City:	Zip Code:
Primary Phone:	Email:
What is the cause of your financial emergency? (unemployed since..., illness, other)	
What is the magnitude and expected duration of your emergency?	
Are you receiving help from other people/organizations?	
Have you approached other churches for assistance?	

How can the Hope Center help?			
How much help is requested?			
Recommendation: <i>Approved</i> _____ <i>Decline</i> _____			
Follow up provided by:			
Explanation:			
Approval: <i>Director of Compassion</i> _____ <i>Benevolence Team</i> _____			
Vendor Information			
Vendor name:	Address:	Account #:	Balance due:
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Information in this questionnaire will be kept confidential