

Foundations Christian Fellowship

Benevolence Form ~ Office

Please Complete and Attach to the **Assistance Request Form**.

Name of Staff Member working with person requesting assistance: _____ Date assistance provided: _____

Name of person that requested and received assistance: _____ Date of Request Form: _____

Was the legitimacy of the request for assistance verified and confirmed?

Yes: _____ No: _____

Has the request for assistance been addressed and accomplished?

Yes: _____ No: _____

Describe in detail the steps taken to provide assistance:

Is additional follow-up required?

Yes: _____ No: _____

If "Yes" please describe in detail:

The Assistance Request Form has been completed and the need addressed as stated above:

Signature of Staff Member: _____ Date: _____
