



REQUEST FORM

Date _____ Badge # _____ Hire Date _____

Cell Phone _____ Other Phone _____

What bill(s) are you needing assistance with? (rent, car repair, Xcel, City of Amarillo, etc.)

Description/Company _____ Amount _____

Description/Company _____ Amount _____

Description/Company _____ Amount _____

Please explain the unforeseen emergency event(s) that caused your need: (use additional paper if needed)

- *Each request is held in the highest confidentiality.
- *Each request is considered on a case by case basis.
- *Failure to furnish supporting documents may cause your request to be delayed or denied.**
- *Assistance depends on the funds available and is not guaranteed.

> **Age of children living with you for whom you have legal custody:**

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

> **Do any individuals (over 18) live with you? If yes, check all that apply:**

- Spouse Father Mother Brother Sister Grandparent
- Uncle Aunt Cousin Friend Other _____

> **Are you currently receiving any type of ongoing assistance?** (food stamps, CCMS, HUD, Child support, etc.)

Yes No If yes: Type? _____ Amount _____

> **Have you applied for any type of ongoing assistance?** (food stamps, CCMS, HUD, Child support, etc.)

Yes No If yes: Type? _____ Amount _____

> **Have you sought any other assistance?** (211, BCS Cares, Branch, etc.)

Yes No If yes: Type? _____ Amount _____

Monthly family income: Source #1 _____ Amount _____

(BCS job, 2nd job, spouse job, etc.)

Source #2 _____ Amount _____

Amount of Monthly Expenses:

Rent/mortgage _____ Electric _____ Gas _____ Water _____

Cell phone _____ Cable/internet _____

Car _____ Car insurance _____ Gas for car _____

Groceries _____ Childcare _____ Other _____

Important Documents the Committee will Require to Consider Your Request

- Copies of your two most recent BCS pay stubs
- Copy of bill, payment due, and/or price quote pertaining to your request (if applicable)
- Receipt(s) of expenses you've already incurred - if these expenses caused the shortage of funds leading to this request (if applicable)

Please return this completed form to
The Well - 1400 S. Van Buren (Pastoral Care building)
 Someone will then contact you to follow up on your request