COMMUNITY ASSISTANCE PROGRAM POLICY

Fairwood Community United Methodist Church
15255 SE Fairwood Blvd Renton WA 98058
Phone: 425.228.4577 Email: office@fairwoodumc.org

TYPES OF ASSISTANCE

SMALL-SCALE ASSISTANCE

For small-scale needs like transportation, gas, meals, work-related gear (e.g. work shoes or uniform).

EMERGENCY ASSISTANCE

For emergency needs like utility assistance, rental help, medical bills, or other emergency cases

FOR SMALL SCALE ASSISTANCE APPLICANTS WOULD NEED TO:

- Fill out the form and submit a copy of Picture ID or driver's license

FOR EMERGENCY ASSISTANCE APPLICANTS WOULD NEED TO SEND/SHOW:

- Utility bills, disconnection notice, medical bills, other documents that demonstrate one's need
- Fill out the form and submit a copy of Picture ID or driver's license

OTHER POLICIES

- Applicants must reside in Renton or Kent
- Applicants can only receive help once every 6 months for a maximum of 3 times in two years
- Applicants are not permitted to solicit directly from church members
- Payments are issued to designated landlord, utility provider, clinic, etc., NOT the applicant
- Frequent requests are subject to the discretion of the CAP team
- The CAP team may request an in-person meeting with the applicant

TOGETHER WITH THIS FORM ARE HELPFUL RESOURCES

- South King County Emergency Services brochure
- Kent Community Assistance handout
- Essentials First information
- City of Renton's Guide to Social Services

For other resource, please call 211 or visit their website, wa211.org

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Please read the Community Assistance Program Policy attached

Name: _____ Date: _____

Address: _____

City: _____ Zip Code _____ Email: _____

Phone number: _____ Cell Phone: _____

Type of assistance requested:

____ Transportation/Gas _____ Rental/Utility
____ Meals/Food _____ Medical Bills ____ Other

Referred by: _____

Please give us the contact information for the person who can verify your need, e.g. landlord, utility company, medical clinic, other:

Name: _____

Address: _____ Phone: _____

City: _____ Zip Code_____ Email: _____

Have you received assistance from us in the past? If so, when? _____

Please describe the circumstances that led to your current situation and what you are doing to become financially stable:

_____

_____

_____

You must provide the following for us to consider your request:

- Picture ID or driver's license
- Utility bills, disconnection notice, rent ledger, medical bills, or other documents that demonstrate your need

_____ I hereby give Fairwood Community United Methodist Church permission to verify any information provided on this form including background checks

Signature: _____

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