

REQUEST FOR CHECK

Faith Connections Approval Code B5July05

Name of Account: Faith Connections Account #: 33

Payee of Check: City of Wilson

Amount: \$ 201.65 Purpose: Utilities

Disposition: Mail to: _____

Give to worker

Client will pick up on _____ at 9, 11, 1, 4
(Date)

Worker's Signature: _____ Date: _____

Team Leader's Signature: _____ Date: _____

Faith Connections Supplemental Assistance Request

Case Manager		Phone Ext.	
Client Name & Address		Social Security #	
Vendor Name & Address			
Amount of Assistance Requested		\$	
Other Type of Assistance Requested			
Reasons for Referral			
Working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Compliant to DSS Programs?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
If this client is eligible for other DSS Programs, please list below.			
Is this client in an ongoing crisis?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please Explain below.
Notes/Comments			
Signature			Date
Faith Connection Office Use Only	Client Tracking #		
Faith Pastor			Phone Ext.
Assistance Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount of Assistance Approved \$

WC-900
Rev. 1/03

Faith Connections Supplemental Assistance Request

(Continuation Page for WC-900)

Criteria Pending For Approval		
Reasons for Recommendation		
Notes/Comments/and or Care Plan		
Reimbursement Requested From:	Reimbursement Received <input type="checkbox"/>	
Status	Closed <input type="checkbox"/>	Pending <input type="checkbox"/>

Please email to rstottlemyre@wilson-co.com & CC to rfgout@wilson-co.com or fax to 293-4320. If you have questions call Becky Stottlemyre at 293-4326 or Roy Falgout 293-4324.

Faith Assistance Contract

I _____ am receiving assistance in the amount of _____ from the Wilson County Department of Social Services Faith Connections Program; therefore I will not contact the following partnering agencies for assistance:

Calvary Presbyterian Church
Christ Deliverance Tabernacle Ministries
Farmington Heights Church of God
First Presbyterian Church
First Baptist Church
First Christian Church
First United Methodist Church
First Wesleyan Church
St. John A.M.E. Zion Church
St. Timothy's Episcopal Church
West Nash Methodist Church

If I do choose to contact the above agencies for assistance, I understand that I may be jeopardizing my eligibility to receive any further assistance from the Wilson County Department of Social Services Faith Connections Program.

Signed _____

Date _____

Faith Connection Assistance Eligibility Process

Do not send clients to, or have clients call, Career Plus. Do not send client to area churches for assistance.

1. Identify and list the assistance needed? _____.
2. Are resources available through DSS?
 - a. No. Go to # 4.
 - b. Yes. Please List Available Resources. _____.
Go to # 3.
3. Did available resources completely meet client’s need?
 - a. Yes. Stop. Need met.
 - b. No. Go to # 5.
4. List reasons client is ineligible and go to # 5. _____.
5. Does need, and eligibility, support making a community referral?
 - a. Yes. Go to # 6.
 - b. No. STOP! Discontinue Process. Client should be informed “There are community resources that you can investigate, but they have their own intake process. We will not provide a community referral.” *(Exception: Hope Station’s board policy requires a Community Referral to confirm that client has been to DSS and Salvation Army before accessing Hope Station assistance. In this case give a Community Referral and on blank that asks for “circumstances/action taken” enter “Community Referral not appropriate at this time”.)*



6. SW personally contacts the following community resources to check for availability of resources and documentation that client will need to provide for assistance. Go to # 7.

<u>Community Partner</u>	<u>Contact Information</u>	<u>Assistance Available</u>
Salvation Army	243-2696 (assistance 9-12 & 1-3)	_____
Hope Station	291-7278 (assistance 9-11 on Tues & Thurs)	_____
<i>Hope Station requires client to access DSS & Salvation Army first</i>		
Operation Care	237-1536 (assistance 9-12 on Fri)	_____

7. Has client’s need been completely met through community resources?
 - a. Yes. STOP! Process complete.
 - b. No. SW fills out form WC-900 and forwards to Faith Connection representative.
 - c. If WC-900 is approved Faith Connection representative will email SW a check request form (WC-507) *with an approval code.*
 - d. Check request will need to be printed out, signed and dated by worker and supervisor.
 - e. Check request should be presented to fiscal with original receipts.
 - f. Fiscal will type check while worker waits and give to worker, or client may pick up check at designated time.

Faith Connection Referrals 2006 - 2007

411 Families Served

\$19,149.45 Assistance to Families

From Partner Churches

\$23,084.53 Additional Assistance to these families

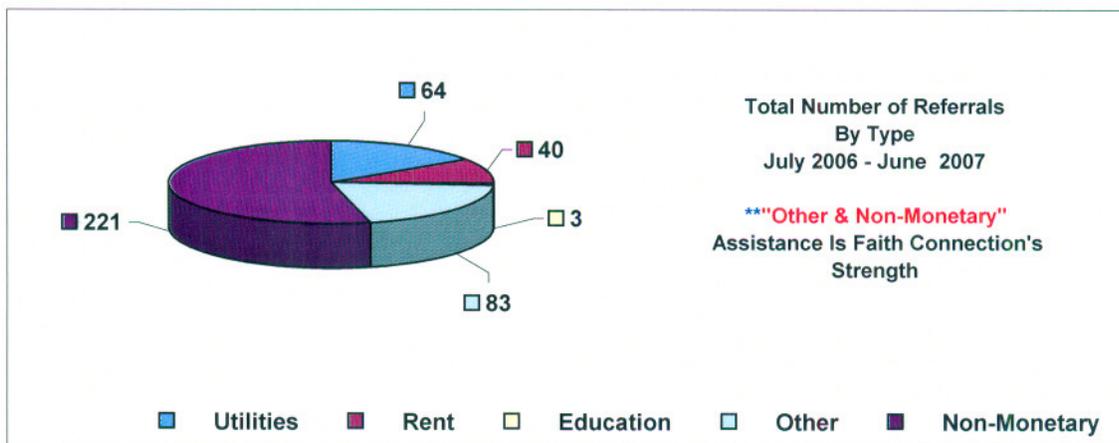
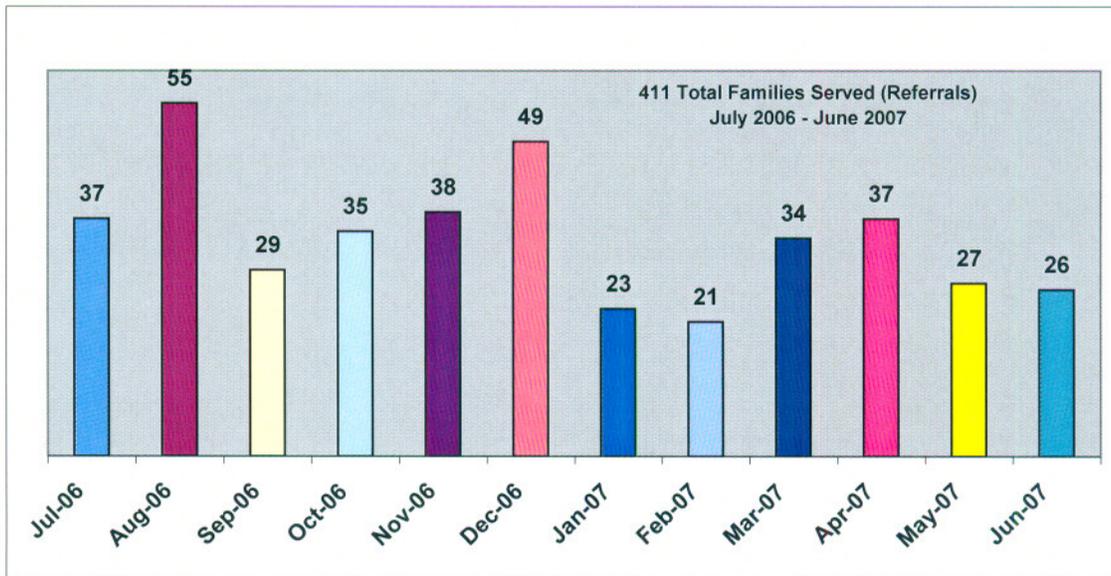
From Community Agencies including:

Wilson County DSS - Salvation Army - Hope Station

Operation Care - Love In Action - Other Individuals

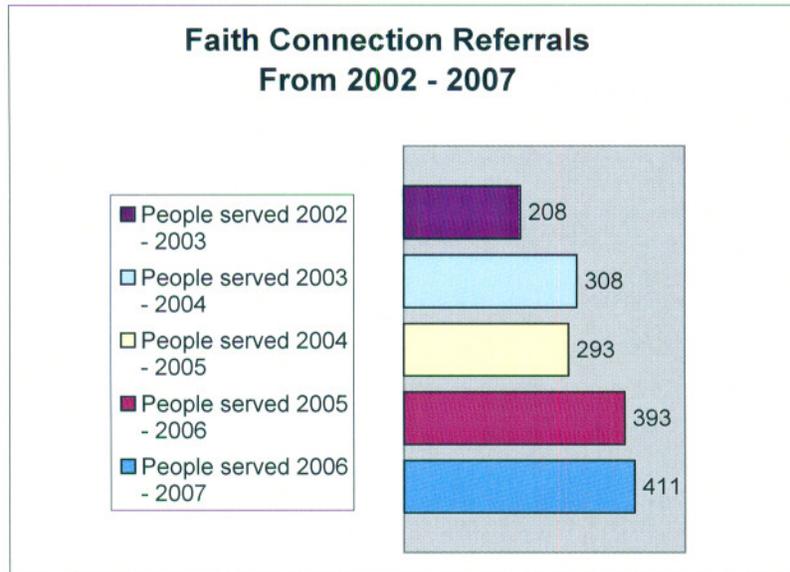
For a total of:

\$42,233.98 Assistance

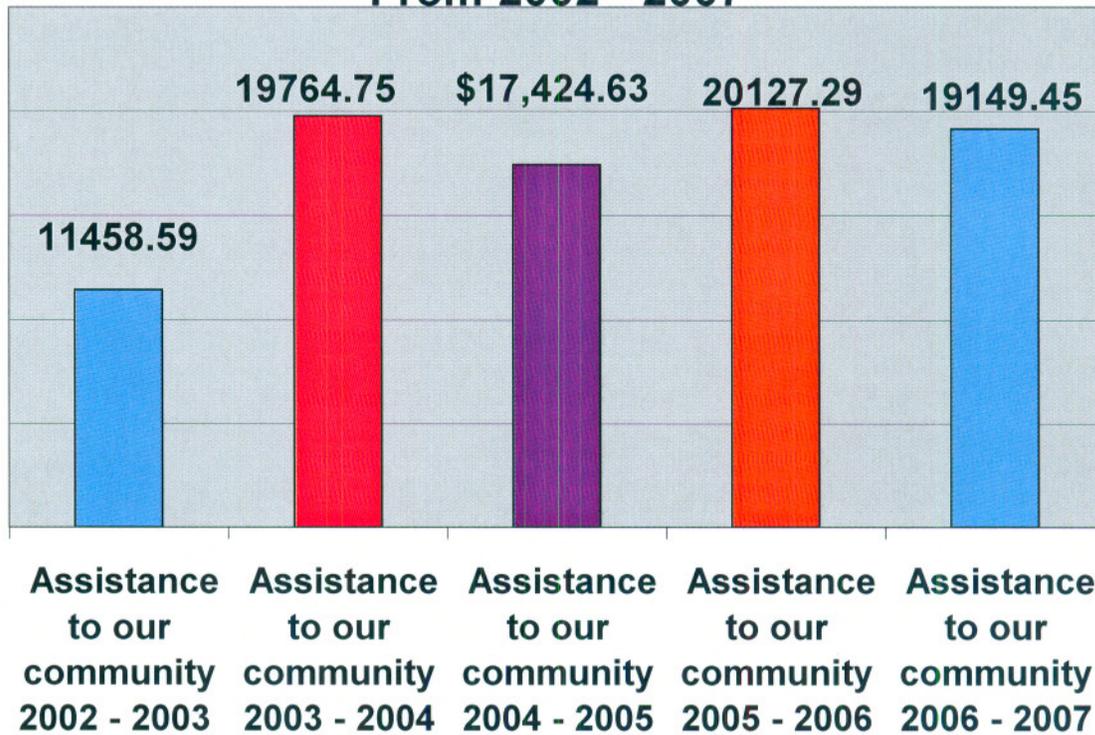


****Donated Furniture/Household Items, Counseling, Pro Bono Dental Work, Housing Resources, Christmas/Thanksgiving Items, Food, Process Explanation**

Faith Connection Growth 2002 - 2007

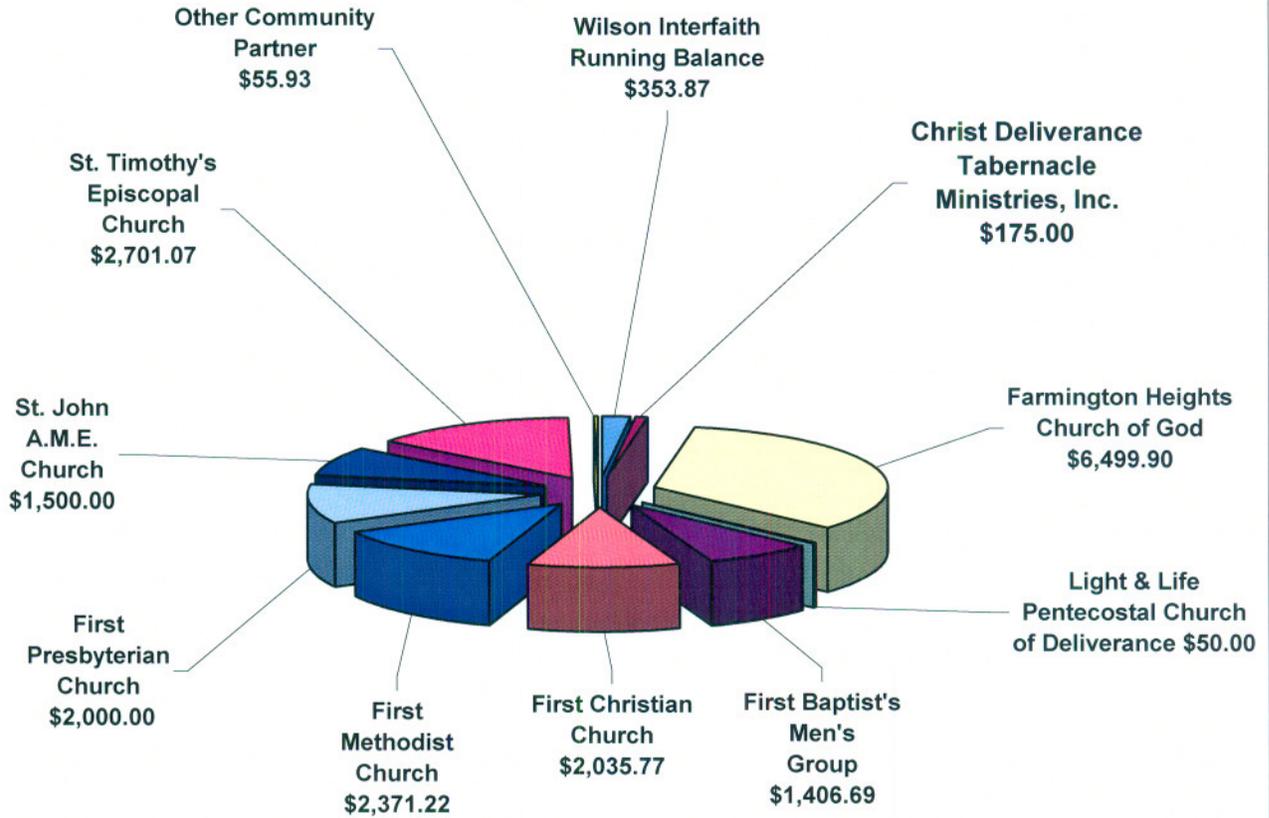


Assistance to Individuals/Families From 2002 - 2007



Donations Received

**\$19,149.45 Received from Faith Partners
July 2006 - June 2007**



Donated Automobiles



25 donated automobiles

Lifetime of Faith Connection Program

