

Allentown SDA Special Needs Fund Policies and Procedures

These policies have been drawn up to guide church officers/the church board in making decisions regarding requests for financial assistance, to provide for fair and systematic distribution of funds for those truly in need, and to relieve any single individual of the responsibility of assessing the need and making the decision.

I. Purpose:

The Special Needs Fund is a discretionary care fund established, first and foremost, to assist in meeting the immediate financial needs of people in our church family. Requests from/on behalf of people outside the church family may also be considered. Such funds may be used to cover direct services (i.e., housing, clothing, personal care items, transportation, utilities, medication, and food) or other needs as approved by the Church Board.

II. Application and Approval Guidelines:

- a) Requests for financial assistance should be brought to the pastor or head elder.
- b) Requests ***up to a maximum of \$300*** may be disbursed on the approval of three of the following four church officers (head elder, head deacon, head deaconess and treasurer) without bringing the need to the church board. The individual requesting assistance must fill out the “Request for Financial Assistance” form below. The Board will be informed of any disbursements at the next regularly scheduled Church Board meeting.
- c) For requests ***in excess of \$300***, the pastor (or head elder) is responsible for bringing the individual’s name to the church board for consideration. The individual requesting assistance must fill out the “Request for Financial Assistance” form below. Disbursements must be approved by a vote of the Church Board at their monthly meeting. In cases of urgent need, an email vote may be conducted, or an emergency board meeting may be held after the Sabbath worship service.
- d) In an ***emergency*** the pastor may purchase, without the approval of other church officers or the church board, food, gas, or medicine for an individual and be reimbursed for up to \$50 from the fund. In such cases a “Request for Financial Assistance” form will be waived. The pastor will fill out a Request for Reimbursement form with attached receipts so that proper accountability is maintained.
- e) The decision to approve or deny assistance is made on a case-by-case basis and is based solely on the circumstances surrounding the need and the financial capacity of the church to supply these funds. In deliberating the merits of the request, the officers/Church Board shall consider:
 1. whether the request is a true “need” or a merely a “convenience,” (e.g., if someone requests money for housing while they are currently housed with no threat of being homeless, ask the question, “Is this really a need or is this for convenience?”)
 2. whether the need arises from circumstances beyond the applicant’s control, or whether the need arises from a pattern of irresponsible choices
 3. whether the applicant has other options for meeting his/her need
 4. In cases where the applicant has requested assistance in the past, or is not an Allentown Church member, additional information detailing income/expenses may be required before a decision can be rendered.
- f) The name(s) of anyone requesting financial assistance will be kept as confidential as possible.
- g) The decision to assist individuals or families is made without regard to race, color, national origin, sex, age, disability, religion or political beliefs.
- h) There is no guarantee that assistance will be granted. All decisions involving financial assistance are made on a case-by-case basis. ***No decision shall set a precedent for any future decisions.***

III. Accountability Guidelines:

Other than in an emergency situation as stipulated above (section II d), any individual requesting assistance ***must*** fill out the “Request for Financial Assistance” form below.

The treasurer is responsible for:

- a) Maintaining a record of applicants for assistance, as well as disbursement of funds that are approved.
- b) Providing the church officers and/or church board with the necessary information to enable them to make a decision pertaining to approval of assistance.
- c) Maintaining the financial records of the Special Needs Fund, and reporting to the church board the status of the fund in regular church board meetings.

IV. Disbursement of Funds:

Distributions from the fund are for the purpose of providing confidential assistance to members of the church as well as non-members who are facing emergency financial need.

Information on the application for assistance may need to be shared with those tasked with the decision [church officers (head elder, head deacon, head deaconess, treasurer) or church board members] in order for them to approve assistance, but all information will remain as confidential as possible within these entities.

Disbursements shall be made in consideration of the financial situation of the individual or family, the current funds available, and the need to maintain a balance in the fund should other needs arise. In cases where the applicant has requested assistance in the past, or is not an Allentown Church member, additional information detailing income/expenses may be required before a decision can be rendered.

Unless exigent circumstances exist, a maximum amount of \$1000 per applicant will be disbursed in a single calendar year. Any request for assistance exceeding that amount will be considered only in dire situations and must be board approved. ***Such a waiver of the \$1000 cap will in no way be considered as precedent setting for any future applications.***

For situations that involve food, domestic supplies or gasoline, grocery or convenience store gift cards may be given directly to the individual in need. The church treasurer will purchase and make these cards available as needed.

Disbursements not involving gift cards are to be made by check, to an entity ***other than the individual***, typically to a landlord or utility company.

No disbursements will be made without the proper invoices and receipts.

Assistance in the form of cash will not be disbursed from the Special Needs Fund.

In most circumstances, assistance is offered without expectation of repayment. However, where circumstances are warranted, an interest-free loan may be offered in lieu of assistance that need not be paid back.

V. Donations to the Special Needs Fund:

Donations can be received anytime in tithe envelopes (mark the tithe envelope “Special Needs”) and in special offerings at the conclusion of communion services.

In order to ensure that contributions to the Special Needs fund are tax-deductible, no contribution to that fund may be earmarked for the benefit of any particular recipient.

SPECIAL NEEDS FUND APPLICATION

(THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY)

A. APPLICANT'S INFORMATION

Please check whichever applies:

☐ Church member ☐ Non-member,)

☐ Member of other SDA Church (specify congregation) * _____

☐ Member of the local community

Name(s):

Street Address:

City:

State:

Zip Code:

Phone:

E-mail Address:

Employment:

Street Address: _____

City: _____ State: _____ Zip Code: _____

*If a member of another SDA church, please provide the contact information for either the local first elder or pastor and the treasurer of the church.

Contact Information:

Have you been helped previously by this Church? ☐ Yes ☐ No

B. FAMILY INFORMATION:

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced

Number of persons in household: _____ Are you currently on a budget? ☐ Yes ☐ No

Children's Ages:

I am willing to accept financial counseling if recommended: ☐ Yes ☐ No

C. PURPOSE OF REQUEST

☐ Food ☐ Clothing ☐ Rent/Mortgage ☐ Utilities ☐ Medical Expense

☐ Other (Explain) _____

Deadline: _____ Amount Needed: _____

Please include a brief summary of why you need assistance:

D. PAYEE INFORMATION:

(If you are requesting support for bill payment, please attach copies of all bills and payee information)

Payee:

Contact Person:

Company

Phone:

Street

City:

State:

Zip Code:

Account #:

Total Amt. Due: \$

Amt. Requested: \$

I hereby authorize the release of information to the Allentown SDA Church treasurer to receive the assistance I am requesting. I further certify that the information I have stated is true and correct.

I understand that the Allentown SDA Church treasurer may verify the information on this application.

I understand that information on this application may need to be shared with those tasked with making the decision [church officers (head elder, head deacon, head deaconess) or church board members] in order for them to approve assistance, but that all information will remain as private as possible within these entities.

I have read, understood, and agreed to the policies above regarding the release of information.

Applicant's Signature: N/A

(For Treasurer's Use Only)

Amount Approved: \$

Approved by: ☐ Church Officers ☐ Church Board

Date Paid: _____ Check Number: _____