



7214 Hague Rd.  
Indianapolis, IN 46256  
Office: 317.849.2650

## God Can Request Form

At Castleton Christian Church, we strive to be good stewards of what God has given us and want to live out the biblical mandate of care for our neighbors (1 Tim 6:18). Out of this commitment, The God Can Ministry has been formed to care for those in our community who are experiencing trouble securing the necessities of life – things such as food, shelter, and utilities.

- **The God Can Ministry does not provide emergency assistance.**
- **Any request can take two-three weeks to process.** If you are in immediate need, we suggest you contact [connect2help.org](http://connect2help.org) or call 211 to find other resources in your area.
- We only provide service to Castleton Members or those who reside in the following zip code: **46256**. Not all requests will be fulfilled and some may only be partially fulfilled.
- You will be required to participate in evaluating your need, as well as planning and creating action steps with a God Can Volunteer.
- If you receive assistance, you will be asked to complete the action steps assigned to you, including attending a financial planning class and meet with a mentor.
- **Failure to complete the action steps will disqualify you from future assistance.**
- Be advised- when we contact you it may be from a **blocked number**.
- Be sure to include any relevant paperwork that will help us to assess needs including; letters of eviction, disconnection notices and notifications of denial of social services. Also include a copy of your **driver's license or state ID**.
- **If you do not fully complete this application, it cannot be considered.**

Return to Castleton Christian Church either by U.S. Mail (7214 Hague Road, Indianapolis, IN 46256. Attn: God Can Ministry) or by dropping it off at the church during office hours (Monday or Thursday 8-3 p.m.). Your request will be kept confidential and someone from The God Can Ministry will contact you as soon as possible to discuss your need.

I have read, understand and agree to the terms of application to The God Can Ministry of Castleton Christian Church.

An interpreter or facilitator has read to me and I understand and agree to the terms of the application to The God Can Ministry of Castleton Christian Church

Signed \_\_\_\_\_ Signed \_\_\_\_\_  
Applicant Interpreter/Facilitator

# Personal Information:

Today's Date: \_\_\_/\_\_\_/\_\_\_

**\*Failing to complete this form entirely will prevent consideration of your request. Falsification of information submitted will result in denial of assistance.**

Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Choose one:  Male  Female Do you have children?  Yes  No How many? \_\_\_\_\_

Marital Status:  Single  Engaged  Married  Single Again  Widowed/Widower

Do you attend CCC?  Yes  No Are you a member?  Yes  No

Last four digits of Social Security number of person named on utility bills (this is for verification of balances due, without this information we cannot pay utilities.) \_\_\_\_\_

If not, where do you attend church? Don't worry you don't have to attend church to receive help. We just want to work with your home church if you have one. \_\_\_\_\_

How did you hear about God Can Ministry (full name of person)? \_\_\_\_\_

Have you applied to God Can Ministry before? When? \_\_\_\_\_

**Requests:**

Amount	Purpose	Date needed by

# Employment History:

Currently Employed  Yes  No

Current or most recent employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Position / Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If unemployed, where have you applied for a job? If nowhere, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Spouse's / Other Adult in Household Information:

Name: \_\_\_\_\_

Choose one:  Male  Female Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Phone, cell, email: \_\_\_\_\_

Currently employed:  Yes  No Most recent employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Position / Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If unemployed, where have they applied? If nowhere, please explain. \_\_\_\_\_

\_\_\_\_\_

# Dependents:

List ALL other individuals living in your home:

Name	Age	Relationship	Monthly Income

## Housing:

Own  Rent  Other \_\_\_\_\_ How long at present address? \_\_\_\_\_

Landlord / Mortgage Company \_\_\_\_\_

Address you mail payments to: \_\_\_\_\_

Name you put on check for payment: \_\_\_\_\_ Phone number: \_\_\_\_\_

If asking for housing assistance, have you told your lender or landlord about your need?

\_\_\_\_\_

Have they provided support? \_\_\_\_\_

## Additional Information:

Have you ever met with a financial advisor or attended a class on home budgeting? If so, where? \_\_\_\_\_

Are you willing to attend a class on home budgeting?  Yes  No

Are you willing to meet with someone for encouragement and advice?  Yes  No

# References:

Reference names and phone numbers, other than relatives. THESE REFERENCES ARE REQUIRED.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Can we contact them?  Yes  No    Do they know about your need?  Yes  No

## Budget Snapshot:

### Monthly Income:

Job #1 (net pay)	\$ _____
Job #2 (net pay)	\$ _____
Spouse Job #1	\$ _____
Spouse Job #2	\$ _____
Unemployment	\$ _____
Child Support	\$ _____
Retirement	\$ _____
Social Security	\$ _____
SSI / Disability	\$ _____
Food Stamps	\$ _____
TANF	\$ _____
WIC	\$ _____
_____	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>

### Monthly Expenses:

Tithes/Contributions	\$ _____
Rent/Mortgage	\$ _____
Car Payment #1	\$ _____
Car Payment #2	\$ _____
Auto Insurance	\$ _____
Auto Gas and Oil	\$ _____
Electric	\$ _____
Gas for House	\$ _____
Water	\$ _____
Food	\$ _____
Phone/Cell Phones	\$ _____
Cable/Internet	\$ _____
Day Care	\$ _____
Child Support	\$ _____
Credit Cards	\$ _____
School Loans	\$ _____
Rent To Own	\$ _____
Pay Day Lender	\$ _____
Storage Unit	\$ _____
<b>Total Monthly Expenses</b>	<b>\$ _____</b>

Did you fill out the Budget Snapshot?  Yes  No

**Tell us Your Story :**

**Feel free to share your story with the God Can Team here (optional):**

**I authorize Castleton Christian Church to verify all information provided.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_