

HOMECREST FOUNDATION

Benevolence Request for Residents of Illinois

NOTE: For consideration the completed application must be received by the first of the month in order to be reviewed at the Foundation's next board meeting. Information will be held in strict confidence and will be verified where necessary.

Benevolence request is for: (Check all that apply)

(1) Home Care Expenses – amount requested: _____

(2) Nursing Care Expenses – amount requested: _____

(3) Residential or Facility Expenses – amount requested: _____

How long do you expect to need this benevolence? _____

APPLICANT: _____ Mother Church Member: Yes No

Address: _____ Branch Church: _____

City: _____ State: _____ Zip: _____

Telephone: ____ - ____ - _____

Please provide two members of The Mother Church who are not family members as references.

Name: _____ Telephone: ____ - ____ - _____

Name: _____ Telephone: ____ - ____ - _____

What are your current monthly care/housing costs? _____

How much are you able to pay of this? _____

Are family members now assisting or able to assist with these costs? Yes No

If so, how much: _____

Name of facility or nurse providing care: _____ Telephone: ____ - ____ - _____

Address: _____

Date you entered facility or nursing care commenced: _____

Is a Journal-listed Christian Science Practitioner working for you? Yes No

Name: _____

Name of individual submitting this application if not applicant: _____

Telephone: ____ - ____ - _____ Relationship to applicant: _____

Signature: _____ Date: _____

APPLICANT SIGNATURE _____ Date: _____

TO BE COMPLETED BY FACILITY WHERE APPLICANT IS RESIDING OR BY NURSE PROVIDING CARE

Homecrest Foundation has received a request for benevolence from: _____

Please provide the following information:

Is facility depending on Medicare for this person? Yes No If yes, what amount: _____

Are you currently providing benevolence? Yes No If yes, what amount: _____

Will you be able to provide benevolence in the future? Yes No If yes, what amount: _____

Are you currently or able in the future to provide benevolence? Yes No If yes, how much are you providing or willing to provide: _____

In the judgment of the facility or the nurse, is the applicant radically relying on Christian Science?
 Yes No

Signature: _____

Name: _____

Phone: _____

Email: _____