

Care Ministry Recipient Application – Confidential
Glad Tidings Church
7415 Hickory Street
Omaha, Nebraska 68124

PERSONAL INFORMATION:

First Name

Middle Initial

Last Name

Street Address

City, State, Zip

Your E-mail Address

Daytime Phone

Evening Phone

Applicant Age Range: 17-25 26-35 36-46 46-55 56-66 66 and over

Are you a member or an attender ? How long have you been attending Glad Tidings? _____

Are you involved in a small group: Yes No Leader Name: _____

Are you involved in a Ministry Team: Yes No Name of Team: _____

AREAS OF NEED: (Please check which is most applicable to you)

Meals

Yard Care – Snow Removal

Visitation

Transportation for Medical Appointments

House Cleaning

Minor Household Maintenance

Minor Vehicle Maintenance

Employment Assistance

By checking this box and signing below, I/we understand that no member of the Glad Tidings Care Ministry Team or Glad Tidings Church shall be held liable in any capacity, in any liabilities, injuries, loss, damage, claims or actions, whether legal or equitable, resulting through the course of his/her rendering this volunteer service. I/we also understand that I/we have given up substantial rights by signing this release of liability and waiver form. I/we are signing this consent, release of liability and waiver form and indemnity agreement voluntarily.

Print: _____

Sign: _____ Date: _____

***Forms can be faxed to 402-391-6895 or scanned to CareMinistry@gtomaha.org

***The church will assess and follow up with you as soon as possible.

*** Large projects and long term needs will also be assessed for approval or referral to outside agencies.

For Administrative Use Only:

Process:

- Step 1: Recipient will fill out an application.
- Step 2: Marcia will receive the application and scan it to the Care Ministry email.
- Step 3: Core Care Ministry Leaders will review the application(s) and direct the need to the appropriate team leader(s).
- Step 4: Team Leaders will contact applicants for further assessment and report back to Care Ministry Leaders his/her recommendations.
 - Team Leaders Assessment/Evaluation:
 - Is the need valid?
 - Is this needed to maintain health and safety?
 - Is it urgent/immediate?
 - Is this a onetime need or an ongoing need?
 - Is this a need that a family member can help with?
 - Is this a need that a small group can help with?
 - Is this a recent need or has it been caused by neglect?
 - How has this need been met in the past?
 - Estimated cost for the project?
- Step 5: Approval or disapproval of application/Referral to outside agencies.
- Step 6: Team leaders will contact the applicant if approved/Care Ministry leaders will contact if disapproved.
- Step 7: On-going needs will be reviewed after 60 days and a referral process will be initiated.

Approved

Denied

Referred

Date: _____

Initial: _____

