



M I C H I G A N
M I N I S T R Y
N E T W O R K

HELPS FUND TEAM PLAYBOOK

Benevolence is defined as an act of kindness or generosity. Church benevolence programs are those that provide for the necessities of life to people in need. This can include food, clothing, shelter, medical care, and other types of assistance to those in need. The funds must be to provide for the necessities of life.

The reason the classification of a gift as benevolence is so important is that benevolence is not usually taxable to the recipient. Normally, all other types of payments to individuals are some form of taxable compensation: wages, salary, honorariums, contract labor, payments for professional services, etc. If done correctly, benevolence is not taxable to the recipient because it is considered a charitable program of the church.

For this reason, the church must take steps to ensure that all benevolent gifts are made for only the necessities of life and only for those who are in need.

PART I: THE BIG PICTURE

Makeup

The Helps Team is made up of the Treasurer of the Church Board, and respected member(s) of the church (can include a Pastoral Staff member) as assigned by the Lead Pastor. Its members serve for a term of one year. There is no restriction on the number of consecutive years a board member may serve on this team. The Team shall be comprised of three members but is not restricted to three. The maximum number depends on the expected workload. The Treasurer of the Board will be assigned as chairman for the year. All members will be trained to understand the purposes, policies, and procedures.

The Objective of this Document

The objective of this document is to set forth the responsibilities of the Helps Team and the guidelines for discharging those responsibilities. It is not intended to cover all circumstances under which monies may be disbursed from the Helps Fund.

Guidelines

Oversight and Accountability

The Helps Team is accountable to the Church Board and Lead Pastor. The chairperson will meet with the Helps Team (either in person or through electronic communications) when the team convenes to consider disbursing funds.

Confidentiality

All members will be apprised of the need for extreme confidentiality when dealing with the personal issues of those in need. All matters should remain within the confines of the team's members. Only the chairperson should divulge personal information only to the Lead Pastor if necessary.

Funding

The source of income for the fund is through special or designated offerings given by the members of the congregation.

Disbursement

The helps fund is intended as a source of last resort, to be used when a family or individual requesting assistance has explored all other possibilities of help from family, friends, savings, or investments. It is intended to be a temporary help during a crisis.

Assistance is intended to be a one-time gift. In unusual circumstances, the team may decide to help more than once. But under no circumstance is a gift to be considered a loan. If the recipient desires to give to the church later, this individual should be encouraged to give directly to the general fund of the church.

Those requesting assistance must also be willing to receive financial, family, or spiritual counseling.

The Helps Team will not provide help to anyone who, in its estimation, will have negative or irresponsible behavior reinforced by receiving financial assistance.

Those requesting help must be willing to give permission to follow up on any of the information provided.

Helps Request Process

To be considered for help, a person must fill out the assistance application to be considered.

1. The person will be given an application.

*If an immediate emergency, like fire or death, the office admin or Lead Pastor will contact the team regarding the situation. No application will be required in emergency situations but should be filled out later.

2. The Request for Assistance application should be returned to the church office in preparation for presentation to the Helps Team, along with all necessary bills and/or documents.

Processing the Request

This process takes approximately 48 hours. The members of the Helps Team will choose a team leader, who will be responsible to initiate and contact the other Helps Team Members to process requests or to set up a time to meet.

1. The team shall select at least one member to appropriately oversee and verify each request. The information shall be brought back to the rest of the team in a timely manner for assessment and validation.

One of the Helps Fund team members (as assigned by the team) will record references and contacts to validate the need.

Example: Person says: "I need help with my electric bill". Helps Fund Team gets a copy of the bill and calls DTE to ask if the account is still past due and if any other churches have paid their bill in the recent months.

2. In a meeting (in-person or electronically), the helps team reviews the request.

3. The individual/family receiving help is to be notified of the decision by a team member, preferably by email from the Helps Team.

4. Checks are written and disbursed. These funds will be payable directly to vendors rather than to the individual requesting assistance.

5. At the end of each month a summary report will be prepared and given to the Lead Pastor for the purpose of information only.

Types of Assistance

Short-Term Assistance: Short-term financial assistance shall consist of payment of specific bills to the applicable vendor. For accountability's sake, no checks or cash shall be given directly to the requestor.

Emergency Assistance: All requests for emergency assistance must be verified and validated by at least three team members, including the Chair. Emergency assistance may take the form of automobile repair, bill payment, purchase of groceries, or other tangible means as allowed by the Helps Team.

Non-Financial Assistance: Non-financial assistance may take the form of spiritual, family or financial counseling; moving assistance; job search, or other forms as deemed appropriate by the Chair with consensus from the Pastor.

Longer-Term Assistance: Any long-term assistance will need to be discussed with the Lead Pastor. The helps fund is not designed to be a long-term support unless the helps committee feels it may be appropriate.

Policy Exceptions

The Chair shall inform the Lead Pastor of any recommendation for a policy exception.

Monthly Reports

Each month the Treasurer will send a summary report of all assistance given during that month.

Referrals to Community Resources

The committee shall keep a data sheet of locally available community services such as utility payment services, emergency shelters, food and clothing programs, etc.

PART II: CHURCH POLICY

Helps Fund Guide

[insert church name]

Churches are in the care business. They are commanded by God to help the poor, the sick, orphans, widows and the wounded. Because of this we have created a general guide, which governs the release of helps funds to those requesting support or help.

This is simply a guide. The Lead Pastor/Helps Team may decide to do something outside this guide if, after prayer and consideration, they have decided that a situation warrants extra or special support.

In the interest of helping others, [insert church name] has established a "Helps Fund". These funds have been lovingly donated to assist individuals and families that are experiencing a sudden financial crisis in their lives. The intention is that it be considered a "fund of last resort" that is only accessed when the individual or family requesting assistance has explored all other possible forms of assistance (i.e. family, savings, investments, sale of assets, public assistance, etc.).

We view this fund as a resource belonging to God (1 Chronicles 29:11-12), and will use loving discernment to distribute the funds wisely (Acts 6:1-6).

The fund will NOT be used to provide help to anyone who will have negative or irresponsible actions reinforced by receiving financial assistance.

The Helps Fund Team will review the application and information we gathered from other sources. Based upon this, a prayerful and practical consideration of [insert church name] level of financial assistance will be reached.

INTENDED PURPOSE

The purpose of the Helps Fund is to minister to individuals or families during a time of emergency hardship or crisis by temporarily assisting them with their basic needs...not their wants or desires. Depending on the circumstances, assistance may also include financial counseling, training in household budgeting and debt management, or other financial education that would help the individual or family avoid potential hardships or crises in the future. Assistance from the Helps Fund is to cover only an individual's or family's emergency basic needs.

NEEDS

Because the term "need" often is complicated and subjective, we have set up some general guidelines to be followed that will help eliminate what is subjective and unreasonable in requests. It is wise stewardship to separate the reasonable from the unreasonable.

Needs that may NOT be met by the Helps Fund:

- School & class enrollment, school tuition, school loans and textbooks.
- Business ventures or investments, or anything that brings financial profit to the individual or family.
- Paying off credit cards. Exceptions can be made when an individual must use credit cards in a crisis or emergency (ex. hospitalization, death, etc.) The church avoids making payment on credit card debt.
- Cell phone bills.
- Needs of individuals who are wanted by the law or for paying fines because of breaking the law.
- Housing for unmarried couples.
- Legal fees.
- Penalties relating to late payments or irresponsible actions.
- Avoidance of filing bankruptcy.

Examples of needs that will generally be considered by the Helps Fund:

- Housing
- Food
- Clothing
- Medical treatment/expenses
- Initial evaluation and professional counseling appointments
- Specified youth and kids camps (only when funds are available)

THREE POSTURES OF OUR HELPS TEAM:

- Prayerful Evaluation—We do not decide without prayerful evaluation.
- Mutual Respect—We do not view people in a negative light, just people who have a need.
- Confidentiality-Confidentiality of our conversations and information will be maintained. Information listed on the forms may be shared for reporting and validation purposes only.

RECIPIENTS OF ASSISTANCE

In order of priority, recipients of assistance from the Helps Fund shall be considered if:

- The individual is a member of [insert church name] OR is a regular attendee of [insert church name] for a minimum of 6 months. EXCEPTIONS: help with Slam/Youth & Kids Camps & Retreats.
- The individual has demonstrated a real need as outlined in this guide.
- The individual is unable to earn sufficient funds to support all his/her needs.
- The individual's family is not able to assist.
- Outside agencies are not able to meet the need in a sufficient manner.
- The individual has used his/her personal resources until they are relatively exhausted.

LIMITS

Generally, assistance from the Helps Fund will not exceed [insert \$ amount] per person or family over a 12-month time frame. In very unusual circumstances, families and individuals who need funds over [insert \$ amount], and who have the opportunity to make a life-changing decision can continue to be assisted in a reasonable way above the limit if the Helps Team deems it appropriate. Such cases should be reviewed carefully and, when appropriate, additional accountability should be sought.

PART III: APPLICATION PROCESS

The following process will be utilized in determining eligibility for receipt of funds. These guidelines are not intended to burden you – they are simply a faithful way for us to evaluate your needs and use God's money wisely.

1. APPLICATION

Please complete a detailed financial application for assistance by contacting the church office at [insert church phone number]. An application will be emailed to you. We do not say "yes" without carefully evaluating your circumstances, which include requiring you to complete this application and giving us permission to verify all the information you have stated. **Please make sure all outstanding bills are included with your application.** This is necessary for us to provide assistance. You can scan & email or drop off your bill at the church.

2. RELEASE OF INFORMATION

You will need to sign the "Release of Information" form, which will also be emailed to you after you contact the church office. This form allows [insert church name] to discuss your information with other applicable individuals and agencies, in a confidential manner, and to also release information as to any current or future financial assistance we may provide.

3. REVIEW

Your application for assistance will be reviewed. Once the appropriate review has occurred, contact will be made to ensure the appropriate measures are being taken.

4. 48-HOUR DECISION

Your application, all supporting documentation, and a summary of the review will be submitted to and prayerfully considered by our Helps Fund Committee. The Committee will try to decide within **48** hours.

5. DISBURSEMENTS

[insert church name] will NOT provide you with cash. If financial assistance is approved, checks will be prepared and sent directly to applicable creditors and/or vendors. In cases of extreme hardship, food, gas or vouchers may also be distributed through this process.

Release of Information from [insert church name] Benevolence Ministry

I hereby consent to [insert church name] to share the information contained in my application form, including any other material I have provided to support my application for aid, with [insert church name] pastors, helps team members and office staff members, churches or agencies as [insert church name], in the exercise of its reasonable discretion, might see fit. I also give [insert church name] express consent to verify any information contained in this form, including any information about law enforcement agencies (Federal, State, County and City), medical conditions, bank accounts, daycare, all sources of money and any other information in order to determine the extent, legitimacy and duration of my need. I understand the giving of false information may result in the immediate rejection of my request for financial assistance.

We respect your privacy and hold all information in a confidential manner.

Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Current Address: _____

City: _____ State: _____ Zip code: _____

Years (Months) at this Address: _____

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Printed Name)

(Spouse's Printed Name)

Date _____

Date _____

FINANCIAL APPLICATION SHEET

Please attempt to answer all questions on this form. While we realize that many are personal in nature, the more specific you can be, the easier it will be for us to evaluate your situation. As stewards of God's resources, we are concerned with your needs.

Present Employer: _____

Employer's Address: _____

Spouse's Employer: _____

Is anyone in your household unemployed due to disability? Yes _____ No _____

Is anyone in the household receiving disability benefits? Yes _____ No _____

Names and ages of dependents:

[insert church name] Membership Status: Member _____ Regular Attendee _____

How frequently do you attend Sunday Services? _____

How long have you attended [insert church name]? _____

What ministry/ies have you been involved with? _____

Amount requested: \$ _____

Purpose for request:

If this is a bill, what is the due date: _____ (Please provide a copy of the bill.)

What is the crisis or situation that has caused you to ask for assistance?

What other resources or services have you received help from?

Have you ever been helped by [insert church name] before? Yes _____ No _____

If yes, when? _____

Are you interested in additional counseling financial or other? Yes _____ No _____

******* YOUTH & KIDS CAMPS/RETREATS SCHOLARSHIP REQUESTS**

Scholarships are given on a first-come, first-served basis. Please submit all necessary paperwork for the retreat to the Youth or Children's Pastor. We will contact you to discuss approval.

Student's Name (First & Last) _____

Event desiring to attend: _____

Please write the amount that you are able to pay towards the event \$ _____

Balance Remaining \$ _____ (Note: We are unable to provide full scholarships)

******* Office Use Only *******

Approved: ____ Yes ____ No Date: _____

By: _____ (print) _____ (signature)

Check #: _____ Payee Name: _____

Company: _____ Address: _____

City: _____ State: _____ Zip: _____

Mailed ____ Hand-Delivered By: _____