



IN-REACH ASSISTANCE REQUEST FORM FOR CHURCH ON THE ROCK

Any individual needing in-reach assistance must download, complete and submit the In-Reach Assistance Request Form via email to info@cotrgtwn.org at least two weeks prior to the event, unless it is an emergency situation. If you do not have access to a computer, this form can be obtained by contacting the church office Monday through Thursday from 9:00 am to 4:00 pm at 512-864-7713. The completed form will be reviewed by the Department Head of the In-Reach Department to ensure we have sufficient volunteers to fulfill the request and then forwarded for approval. The applicant will receive a response within five business days. The applicant will be contacted by the Department Head with a final decision or a request for additional information.

Any individual applying for in-reach assistance must meet the following criteria:

1. Download, complete and submit the In-Reach Assistance Request Form via email to info@cotrgtwn.org at least two weeks prior to the event, unless it is an emergency situation.
2. Be a member in good standing of Church on the Rock.
3. Have limited resources, physical limitations or be unable to complete the requested assistance.

Applicant Information:

Full Name: _____ Phone Number: _____
Spouse's Full Name: _____ Phone Number: _____
How long have you been a member of Church on the Rock? _____
How many services do you attend weekly? _____
Are you tithing faithfully? _____ Yes _____ No If **no**, provide explanation.

Assistance Requested:

Hospital Visit: _____ Yes _____ No If **yes**, please provide information below.
Date of Medical Procedure: _____ Expected Length of Hospital Stay: _____
Address of Hospital: _____
Any Other Information Pertinent to the Visit: _____

Hospitality (Meals): _____ Yes _____ No If **yes**, please provide information below.

Date of Medical Procedure/Pregnancy Due Date: _____
Date(s) Meals Requested: _____
Food Allergies: _____
Home Address: _____
Any Other Information Pertinent to the Meals: _____

Yard Work: Yes No If **yes**, please explain work requested below.

Home Repair: Yes No If **yes**, please explain repair requested below.

House Cleaning: Yes No If **yes**, please explain cleaning requested below.

Moving: Yes No If **yes**, please provide information below.

Date of Move: _____

Current Home Address: _____

New Home Address: _____

Number of Rooms to be Moved: _____

Estimated Number of Appliances to be Moved: _____

Estimated Number of Furniture Pieces to be Moved: _____

Estimated Number of Boxes to be Moved: _____

Any Other Information Pertinent to the Move: _____

Other: Yes No If **yes**, please explain your request below.

*****FOR DEPARTMENT USE ONLY*****

Assistance Approved: Yes No If **no**, provide explanation below.

List Approved Items of Assistance (i.e. mow yard, weed eat or move appliances and furniture pieces):

Date Assistance Approved/Not Approved: _____

Date Applicant Contacted with Approval/Disapproval: _____
Date Applicant Provided with Checklist (if applicable): _____

Date Team Members Emailed for Availability: _____
Deadline for Team Members to Respond: _____
Number of Team Members Available: _____

Assistance Team Lead: _____
Team Members Assisting: _____

In-Reach Assistance Waiver Form Completed by the Applicant: _____
In-Reach Volunteer Waiver Form Completed by each Team Member Assisting: _____

Date Approved Assistance Completed: _____

_____	_____
Applicant Signature	Date
_____	_____
Team Lead Signature	Date

Approved Items Not Completed: _____

Reason Approved Items Not Completed: _____

Will Team Return to Complete Approved Items? _____
If yes, Date Team Will Return to Complete Approved Items: _____

Date Team Returned to Complete Approved Items: _____
Date Approved Items Completed: _____

_____	_____
Applicant Signature	Date
_____	_____
Team Lead Signature	Date