



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:

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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please explain repair requested below.

House Cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please explain cleaning requested below.

Moving: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please explain your request below.

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

Assistance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____