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Good Samaritan Fund Application

Purpose

The purpose of the Good Samaritan Fund is to provide, in cooperation with a rostered person's synod, financial assistance to persons who are confronted with short-term emergency situations.

Eligibility

Persons on the roster of this church who are members of the ELCA Portico Benefits program are eligible to apply for assistance from the program. This includes retired and disabled members [including those of the predecessor churches]. Also eligible are spouses, surviving spouses, divorced spouses, and their dependent, orphaned, or incapacitated children who have maintained membership in the ELCA Portico Benefits program. In order to qualify for assistance, the member, spouse, or child must demonstrate a serious financial need.

Guidelines used by the Committee in determining levels of assistance.

- 1. The essential priority of the Good Samaritan Fund is to provide for continuity of Portico health coverage for rostered persons on leave from call and their families where the applicant is rostered. If the applicant is a spouse, former spouse, or child of a rostered person, approval of and financial cooperation with the synod on whose roster the rostered individual is or last was will be sought. The program will not make payments to Portico to reactivate an account already closed because of nonpayment.
- 2. The Good Samaritan Fund may provide assistance for short-term, emergency situations. Monthly stipends to assist with living expenses are not available from the program.
- 3. No assistance with non-medical debt, retirement, or past due or current income tax encumbrance will be provided through the Good Samaritan Fund.
- 4. The approval and concurrence of the bishop of the synod must be obtained before the committee will consider an application. In all cases, the committee will confer with the synod bishop before the grant is approved. Normally, there is cooperation between the synod and the Good Samaritan Fund in providing financial assistance.
- 5. The Good Samaritan Fund is intended for those individuals for whom no other resources are available. For that reason, the application includes a complete financial statement. The committee will consider other available assets in making its determination.

Additional Information

The Good Samaritan Committee will engage with the synod bishop and/or the applicant if additional information regarding the application is needed. The general practice of the committee is to support one-time applications as opposed to on going applications. The committee also will factor in the availability of funds in the Good Samaritan Fund when making decisions.

Please complete this application with care and accuracy.



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APPLICATION FOR GOOD SAMARITAN FINANCIAL ASSISTANCE

APPLICANT INFORMATION				
Synod:				
		Title:		
Portico Member ID:		Gender:	Birth Date:	
Home Address:				
Phone:		Email:		
Employer Name:				
Address:				
FAMILY INFORMATION				
Marital Status:		Da [.]	te of Marriage:	
Spouse's Name:		Bir	th Date:	
Spouse's Employer Name:				
Address:				
Children and Birth Dates:				
I am requesting	payable to: _			
Please summarize your reaso	n(s) for requesti	ng financial assis	stance.	



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PERSONAL FINANCIAL STATEMENT FOR GOOD SAMARITAN FINANCIAL ASSISTANCE

Information should include both you and your spouse:

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash – in bank accounts		Short-Term Notes due to Financial Institutions	
Securities Owned		Short-Term Notes due to Others	
Life Insurance Cash Value		Total Credit Card Debt	
Homestead Value		Insurance Loans	
Other Real Estate Value		Installment Loans and Contracts (Vehicle, etc.)	
Pension, Profit Sharing and Retirement Accounts		Mortgages on Home	
Automobile (Describe)		Mortgages on Other Real Estate	
Automobile 2 (Describe)		Taxes	
Value of Other Personal Property		Other Liabilities (Describe)	
Other Assets (Describe)		Other Liabilities (Describe)	
Other Assets (Describe)		Other Liabilities (Describe)	
Other Assets (Describe)		Other Liabilities (Describe)	
Other Assets (Describe)		Other Liabilities (Describe)	
Other Assets (Describe)		Other Liabilities (Describe)	
Asset Total		Liability Total	



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ESTIMATED MONTHLY INCOME

Source	Applicant	Spouse
Salary/Wages		
Social Security		
Personal Annuities/Distributions		
Rental Income		
Interest/Dividend Income		
Public Aid		
Other Income		
Total		
Income – Grand Total		

ESTIMATED FAMILY MONTHLY EXPENSE

Residence Expense	Amount	Transportation Expense	Amount
Rent Own-Mortgage Payment		Car(s)- payment, maintenance, fuel	
House Maintenance		Public Transit/Other	
Utilities		Total Transportation Expense	
Groceries		Tax Expense	Amount
Cable/Internet, etc.		Real Estate	
Telephone/Cell Phone		Personal Property	
Total Residence Expense		Total Tax Expense	
Insurance Expense	Amount	Other Expenses (Describe)	Amount
House			
Life			
Health			
Car			
Total Insurance Expense		Other Expenses Total	
		EXPENSES – GRAND TOTAL	



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WHEN YOU HAVE COMPLETED THIS FORM:

- 1. DIGITALLY SIGNING this form below LOCKS it from further editing
- 2. PRINT a copy and sign it in the appropriate space below.
- 3. MAIL the signed hard-copy to:

Jennifer Place ELCA – Synod Relations 8765 West Higgins Road Chicago, IL 60631

4. EMAIL a copy to your Synod Bishop and CC: jennifer.johnson@elca.org

		
I/We hereby certify that this application, includ obtaining financial assistance from the Good Sa fairly shows my/our financial condition at the p	maritan Fund, is true and correct in e	very detail and
Personal Financial Statement whether or not you applied. You are hereby authorized to verify the	ou approve the financial assistance for	which I/we have
Statement.		
Applicant: digital signature	signature	Date:
Co-Applicant: digital signature	signature	Date.
Co-Applicant relationship to Applicant:		
TO BE COMPLETED BY SYNOD BISHOP		
The following financial assistance from the Goo	d Samaritan Fund is recommended fo	r the applicant:
	Payable to:	
The synod has has no	ot provided financial assistance	to this applicant.
If the synod has, how much?		
If the synod has not, are you willing to p	participate in a financial assistance pa	tnership to the
applicant? Yes No		
Please provide the Committee with specific ste	ps your synod is taking to assist the a	oplicant, as well
as guide them forward in order to mitigate a re	curring situation.:	
Synod Bishop:)ate: