



Evangelical Lutheran Church in America

God's work. Our hands.

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.



APPLICATION FOR GOOD SAMARITAN FINANCIAL ASSISTANCE

APPLICANT INFORMATION

Synod: _____

Name: _____ Title: _____

Portico Member ID: _____ Gender: _____ Birth Date: _____

Home Address: _____

Phone: _____ Email: _____

Employer Name: _____

Address: _____

FAMILY INFORMATION

Marital Status: _____ Date of Marriage: _____

Spouse's Name: _____ Birth Date: _____

Spouse's Employer Name: _____

Address: _____

Children and Birth Dates:

I am requesting _____ payable to: _____

Please summarize your reason(s) for requesting financial assistance.



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	



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
<input type="checkbox"/> Rent <input type="checkbox"/> 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	

