

Highland Mennonite Brethren Church Policy Manual Compassion Fund Policy

The Compassion Fund (“Fund”) of Highland Mennonite Brethren Church (“HMBC”) provides financial assistance for a specific need for an individual or household (“Applicant”) experiencing a financial crisis. It is a last resort when all other available resources have been explored. The Fund is not intended for long-term or recurring financial support.

The Fund is available to cover only those expenses which are essential to life such as medical expenses, child care expenses, utilities (water, sewer, gas, or electricity), some transportation or relocation costs. The Fund does not provide payment of items such as phone bills, car payments, insurance payments, cable or internet service, legal bills, loan or credit card payments, bank or check cashing fees, or any other items generally deemed as non-essential. HMBC reserves the right to determine what is and is not considered eligible in each case. Eligible items which cannot be specifically documented, such as groceries or fuel, may be funded at the discretion of the HMBC representative. All disbursements must be within the parameters set by Canada Revenue Agency. Payment will be in the form of a voucher, gift certificate or cheque. No cash will be issued.

The request for financial assistance must be submitted to the church office or pastoral staff via a completed *Application for Financial Assistance* (“Application” – Appendix).

Considerations will include the following:

- Has the Applicant explored all other available resources (community agencies, family and friends, payment plans, etc.)?
- Is this a recurring/ongoing issue or is it an isolated crisis?
- Is the Applicant generally in a stable environment?
- Will accessing the Fund be in the Applicant’s best interest?
- Who is affected by the crisis (for example, children or elderly family members)?
- What are the possible outcomes of the Applicant not receiving assistance?
- Is it likely that the crisis situation will repeat itself in the near future?

Financial assistance is to be provided at the discretion of the following HMBC representatives:

- Up to \$50 in grocery gift cards and/or several bus tickets on a limited basis (for these Applicants, a copy of the [Calgary Community Service Guide](#) may be helpful) - HMBC pastoral staff;
- Up to \$200 (not to exceed \$500 for the year for the Applicant) – HMBC pastoral staff; or
- Above \$200 and up to \$500 (not to exceed \$500 for the year for the Applicant) – HMBC Leadership Team Executive (“LTE”).

The Fund is not financed by the HMBC budget but is supported entirely by designated donations. The donor must make the contribution with no strings attached and may not restrict the donation for use by a specific Applicant. HMBC reserves the right to limit award amounts as necessary in order to be able to assist as many Applicants as possible. When the Fund is at less than \$200 or there is a need, an invitation to help replenish it may be relayed to the HMBC congregation.

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Appendix – Application for Financial Assistance

The completed *Application for Financial Assistance* shall be submitted to the Highland Mennonite Brethren Church (“HMBC”) pastoral staff or HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396. Upon consideration and any required response, the original document shall be maintained in a confidential file in the HMBC office or archives. Personal information collected may also be stored in a password-protected database.

Applicant:	Name:		Age:
<i>Co-Applicant if applicable:</i>	Name:		Age:
<i>Dependent(s) if applicable</i>	Name:		Age:
	Name:		Age:
	Name:		Age:
	Name:		Age:
Street Address:			Postal Code:
Phone Numbers	Home:	Work:	Cell:
E-mail Address:	@		
Relationship to HMBC	<input type="checkbox"/> Member <input type="checkbox"/> Adherent <input type="checkbox"/> Other (please provide details):		

Financial Details

Amount of HMBC Compassion Fund financial assistance requested: \$ _____

Please provide details of how you arrived at this amount. *Attach supporting documentation.*

If financial assistance is awarded, to whom should the cheque be made payable? *Where applicable, the cheque will be made payable to the vendor or landlord.*

Cheque made payable to: _____

Approved by: HMBC Leadership Team Executive
Approval Date: September 27, 2016
Notice to: HMBC Membership

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Please check the circumstance(s) that led you to apply for financial assistance:

- Fire Flood Storm Crime Illness Injury Accident Death Other

If you checked "Other", please describe circumstance(s). *Use additional pages if necessary.*

Please list steps taken up to this point to address this need (*sought assistance from other agencies, sought assistance from family and friends, called creditors to arrange payment plans, etc.*)?

Please list how financial assistance, if awarded, would be used to address this need?

Declaration

I, the undersigned, declare that this *Application for Financial Assistance* is valid and that all the information provided is true and correct. I declare that the claim is necessary and that all other available resources have been explored. Supporting documentation is attached.

Applicant Name

Applicant Signature

Date

Approved by: HMBC Leadership Team Executive
Approval Date: September 27, 2016
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Confidentiality Agreement

I, the undersigned, agree to maintain confidentiality before, during and after the processing of this *Application for Financial Assistance* and agree to disclose information only to those stakeholders (Applicant; HMBC pastoral staff or LTE or HMBC members; those to whom money is owed; those who may provide funds; and others who have an established interest in the claim) as deemed necessary to consider the eligibility of this claim.

HMBC Representative Name Signature Date

Consent for Release and Disclosure of Confidential Information

I, the undersigned, give permission to the above named HMBC Representative to disclose the information found in this *Application for Financial Assistance* to stakeholders (those to whom money is owed, those who may provide funds, or others who have an established interest in the claim) as deemed necessary to consider the eligibility of this claim.

Applicant Name Applicant Signature Date

Application Review

I, the undersigned, have reviewed the completed *Application for Financial Assistance* on behalf of HMBC.

- Requirements have not been satisfied and I deny the claim.
- Requirements have been satisfied and the amount of \$_____ from the Compassion Fund is awarded
 - to the Applicant; or
 - to the stakeholder on behalf of the Applicant.

HMBC Representative Name Signature Date

Mennonite Mutual Insurance (“MMI”)

This application may be eligible for MMI matching funds, and a claim will be submitted:

- No
- Yes

Date of MMI Application Date of MMI Response

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Approval Date: September 27, 2016
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