

**STERLING BEREAN CHURCH
FAMILY NEED APPLICATION**

Prov. 11:14 "Where there is no counsel, the people fall:
but in the multitude or counselors there is safety." NKJ

Date: _____
Name: _____ Email: _____
Address: _____ Phone: _____
Description of need: _____

Do you want this Local church body to help you with your need? Yes No. If "Yes", the following will apply:

EXPECTATIONS

Berean Church's Expectations of Individual

1. Follow counsel of another counselor
2. Attend small group/personal accountability
3. Attend church faithfully/daily quiet time
4. Meet with financial/spiritual counselor

Individual's Expectations of Berean Church

1. Shepherd Individual's need through Counselor
2. Provide care and accountability/Counselor
3. Counselor or Small Group to teach Biblical responsibility
4. Provide Spiritual/Financial counseling

Do you agree to these terms? Yes No (If "yes", proceed with interview. If "no"- help will be limited or none)

INTERVIEW

1. Are you a member of Sterling Berean church? Yes No If "no", how often do you attend ? _____
2. Do your relatives know about your need & are they willing to help? Yes No
3. Do you think you need to meet with a financial counselor? Yes No Why? _____
(If possible, individual should take class relating to financial management offered by church)
4. Are you currently involved in a Small Group? Yes No (attendance will be confirmed by interviewer)
5. If you are not, would you be willing to get involved in a Small Group? Yes No
6. Are you accountable to anyone? Yes No, If Yes: Name: _____ Phone #: _____
7. Are you currently Employed?: Yes No .
If Yes: By whom? _____ Phone # _____
For how long? Years: _____ Months _____
If No: When was the last time you sought employment? _____
Are you willing to work today if we know of an available job? Yes No .
Provide any Reason for your answer: _____

Action taken:

Signed: (Small Group Leader, Counselor, Deacon, Elder, Pastor):

Financial Information: (Enter largest payments for help needed)

Check Number _____ Pay To: _____ Amount \$ _____
Check Number _____ Pay To: _____ Amount \$ _____

Follow Up Action:

Person/People assigned follow up actions: _____

Date assigned Follow-up: _____
Date Follow-Up Completed: _____ by: _____

Adopted by the Deacon Board: _____
Revised: _____