



CHRISTIAN COMFORTING MINISTRIES

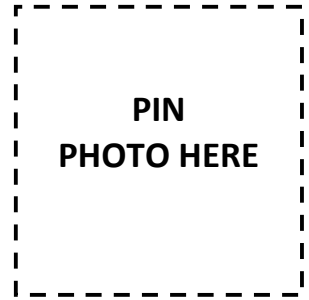
Application for Financial Assistance for FAMILIES IN DISTRESS

FD

Reg. Dt.

a. Pl fill the form completely b. Where space is insufficient please use the page overleaf or additional sheets.

1. Name of the Applicant :
2. Complete Address (including pin-code):
3. Contact Phone No & Email ID. :
4. In case of death of the bread winner,
 - a. Name of the Deceased :
 - b. Date of death & age at death :
 - c. Relationship with the applicant :
5. Sickness in the family (if any) :
6. Other distressing problems faced :
7. Details of family Members :



Sl.No.	Name	DOB	Marital Status	Occupation	Relationship with Patient
A					
B					
C					
D					

8. Annual total income of family members : Rs .
9. Name of Guardian (if any) :
10. Purpose for which Financial Assistance is sought :
11. Details of assistance received so far from :
 - a . Relatives & Friends : Rs .
 - b . Other agencies : Rs .

(Please furnish name of funding Agency , address & Contact Phone & details of the Scheme)
12. If you or your family members have received assistance from CCM earlier, please give details :
13. Name of your Bank / Branch Name, Address and IFS Code No.:
14. Name of A/c Holder & A/c No.

Place : _____ Signature of Applicant : _____
 Date : _____ Signature of Guardian (if any) _____

Enclosures () { Verify attachments and place a tick mark inside the brackets }

1. Photo of the Deceased person (if any)
2. Family photo.
3. Xerox copy of Ration card / Voter's ID Card / Old age home ID Card / Aadhaar Card / Any other Photo ID Card issued by the Govt. (for proof of residential address)
4. Xerox Copy of Death Certificate issued by Govt . Authority or Funeral certificate by Pastor who conducted the funeral
5. Details of sickness & treatment undertaken(if any)
6. Documents pertaining to other distresses (if any)
7. Xerox copy of FIRST page of bank pass book

If you are a full time servant of God

8. () Your write up (1 page) with regard to details of life /witness/ service.
9. () For Applicant/Mission known to CCM, provide recommendation as per Annexure .

For, Independent Pastor/ Evangelist / Missionary and Organization and CEO not known to CCM, recommendations by two local Christian leaders known to CCM to be provided.



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Annexure to Application for Financial Assistance for FAMILIES IN DISTRESS

_____ FD

Reg. Dt.

a. Pl fill the form completely

b. Where space is insufficient please use the page overleaf or additional sheets.

RECOMMENDATION by CCM TRUSTEE / ADVISOR

1. Name of the Applicant :
2. Name of the Deceased (if any) :
3. No. of years the family is known to you :
4. Nature of your connection with this family :
5. Date of your last visit to this family :
6. Your Assessment about the nature of distress faced & the present status of support provided to this family:
 - a . Emotional :
 - b . Spiritual :
 - c . Financial :
 - d . Any other(Please specify) :
7. Is there any NGO specialized in providing help to such families whom we can reach out for further help to this family ?
8. Your recommendation on comforting steps to be taken by CCM for this family:
 - a . Emotional :
 - b . Spiritual :
 - c . Financial :
 - d . Any other (Please specify) :

Name :

Phone No. & Email id:

Signature & date :

Important note: For Independent Pastor/ Evangelist / Missionary and Organization and CEO not known to CCM, recommendations by two local Christian leaders known to CCM to be provided.

CHRISTIAN COMFORTING MINISTRIES, 9A, Sixth Main Road, Dhandeeswarar Nagar, Velachery, Chennai - 600042.
Phone: 044- 22431589; (Kindly send the form with the required recommendation to the above address)

E-mail:comfortccm@gmail.com

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