



CHRISTIAN COMFORTING MINISTRIES

Application for Financial Assistance for SENIOR CITIZENS

SC

Reg. Dt.

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

1. Details of the Senior Citizen :
 - a . Name :
 - b . Date of Birth :
 - c . Complete Address (including pin-code):
 - d . Contact Phone No ./ email ID :
 - e . Marital Status :

PIN
PHOTO HERE

2. If married, details of family Members :

Sl.No.	Name	DOB	Marital Status	Occupation	Relationship with Patient
Spouse					
Child 1					
Child 2					

3. Annual total income of family members : Rs .

4. Name of the Parent/ Guardian (if any) :

5. Purpose for which Financial Assistance is sought :

If financial assistance is for old age homes / hostel fees :

6. Name of the Home / Hostel :

7. Address :

8. Contact Phone No . :

9. Details of Home / Hostel Fees :

10. Last date for payment of Fees :

For other purposes

11. Purpose for which Financial Assistance is sought :

12. 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)

13. If you or your family members have received assistance from CCM earlier, please give details :

14. Name of your Bank / Branch Name, Address and IFS Code No.:

15. 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. () Photograph of the Senior citizen
2. () Xerox copy of Birth Certificate (for proof of age > 60 years)
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 FIRST page of bank pass book

Note: **Applicants below 60 years of age not entertained.**



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Annexure to Application for Financial Assistance for SENIOR CITIZENS

_____ SC

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RECOMMENDATION by CCM TRUSTEE / ADVISOR

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

Name :

Phone No. & Email id :

Signature & date :

Important note: For applicants not know to CCM, recommendation by two local Christian leaders known to CCM to be provided.