



CHRISTIAN COMFORTING MINISTRIES

Application for Financial Assistance for SICKNESS

SK

Reg. Dt.

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

1. Details of Patient :
 - a . Name :
 - b . Date of Birth :
 - c . Complete Address (including pin-code):
 - d . Contact Phone No ./ email ID :
 - e . Marital Status :
2. If married, details of family Members :

PIN
PHOTO HERE

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

3. Annual total income of family members : Rs .
4. Name of the Guardian (if applicant is minor) :
5. Nature of Illness :
6. Name of the Secondary Care Hospital /Doctor - where treated :
7. Address
8. Phone No. / Email id :
9. Present Status of the illness :
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 no. & details of the scheme)
12. If you or your family members have received assistance from CCM earlier, please give details :
13. Are you a full time servant of God? Yes / No (Tick as applicable)
(If Yes, enclose Name & address of Church /Mission, Personal Testimony, Years and Details of ministry)
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. () Photo of the Patient
2. () 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)
3. () Xerox copy of Medical report /Discharge Summary by the Hospital or Qualified / Registered Doctor who treated
4. () Xerox copy of Hospital Bills & value Rs :
5. () Xerox copy of Doctor's Fees Rs :
6. () Xerox copy of Bills for Cost of Medicines Rs:
7. () Xerox copy of Charges for Tests Rs :
8. () Xerox copy of FIRST page of bank pass book

If you are a full time servant of God

1. () Your write up (1 page) with regard to details of Personal Testimony, Years and ministry including Name & address of Church /Mission,.
2. () 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 as per annexure.

Note: Medical expenses towards Delivery/Cataracy and other common needs will not be considered for assistance.

Cases more than 12 months old not entertained.

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

Date of Issue: 01.01.2017



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RECOMMENDATION by CCM TRUSTEE / ADVISOR

1. Name of the patient :
2. No. of years the patient is known to you :
3. Nature of your connection with this patient :
4. If the patient is a full time Servant of God, please provide Name and address of Church/ Mission, years of service & details of Ministry :
5. Date of your last visit to this patient :
6. Your Assessment about the present status of support provided to the patient :
 - a. Emotional :
 - b. Spiritual :
 - c. Financial :
 - d. Any other(Please specify) :
7. Is there any NGO specialized in providing help to such illness to whom we can reach out for further help to this patient?
8. Your recommendation on comforting steps to be taken by CCM for this patient:
 - a. Emotional :
 - b. Spiritual :
 - c. Financial :
 - d. Any other (Please specify) :

Name :
Address Phone No. & Email id :
Signature & date :
Seal :

Note : Medical expenses towards normal delivery / cataract and other common ailment will not be considered for assistance.

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.