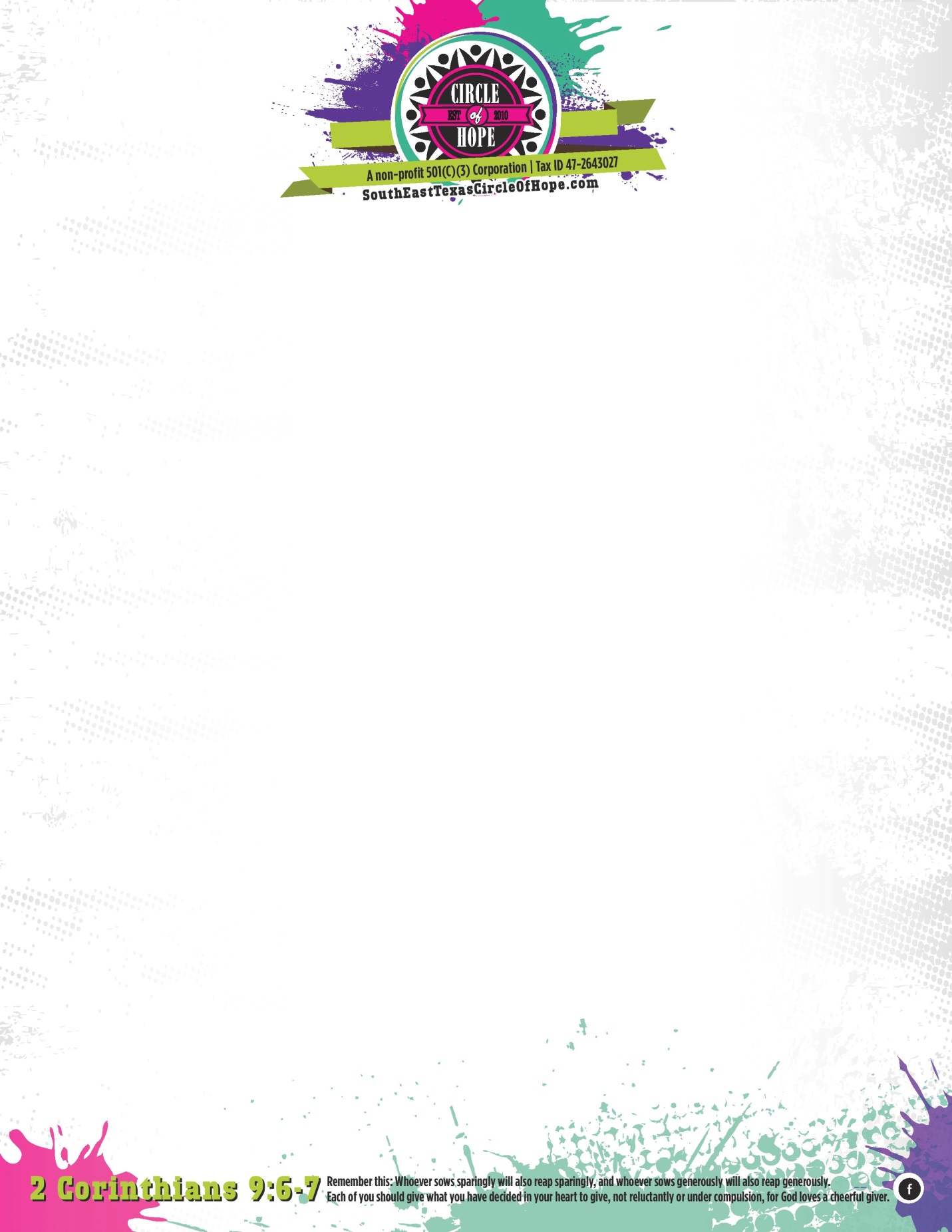
**BENEFIT REQUEST FORM**

*Southeast Texas Circle of Hope, Inc is an organization of caring folks who volunteer their time, talent and treasures to help those in need. The benefits conducted are for those going through a tragedy, a medical issue and/or funeral expenses. It is our belief as Our Lord and Savior has taught us that it is our duty to serve and help our brothers and/or sisters in a time of need as we can.*

*Filling out and submitting this request does not guarantee that the Southeast Texas Circle of Hope, Inc. organization will be able to assist. Once we receive this application we will review it, pray over it and then decide. At any given time of the year, we have a full calendar of benefits to plan and conduct. We hope this doesn't discourage you from turning in an application. We just wanted you to know that, even if chosen, we may not be able to do a benefit for several months or longer. Unfortunately, we cannot help everyone, but we help everyone that we can.*

*Please fill out then return to us at:*

[info@southeasttexascircleofhope.com](mailto:info@southeasttexascircleofhope.com)

*or print and mail it to:*

Southeast Texas Circle of Hope, Inc.

PO Box 953

Nederland, TX 77627

|  |  |
| --- | --- |
| ***BENEFIT REQUESTOR*** |  |
| Requested by: | Click here to enter text. |
| Address: | Click here to enter text. |
| City: | Click here to enter text. |
| Phone: | Click here to enter text. |
| Email: | Click here to enter text. |
| Facebook Page: | Click here to enter text. |
| Relationship to Beneficiary: | Click here to enter text. |
| ***BENEFICIARY*** |  |
| Name: | Click here to enter text. |
| Current Street Address: | Click here to enter text. |
| Current City: | Click here to enter text. |
| Where did the Beneficiary grow up? | Click here to enter text. |
| Phone: | Click here to enter text. |
| eMail: | Click here to enter text. |
| Facebook Page: | Click here to enter text. |
| Birthdate: | Click here to enter text. |
| Children’s Names/Ages: | Click here to enter text. |
| Employer: | Click here to enter text. |
| School: | Click here to enter text. |
| Church: | Click here to enter text. |
| Illness: | Click here to enter text. |
| Health Insurance: | Click here to enter text. |
| Life Insurance: | Click here to enter text. |
| Civic Groups/Organizations: | Click here to enter text. |
| Is there a GoFundMe account? | Click here to enter text. |
| Have any other benefits been conducted or planned?  (link sale, garage sale, etc) | Click here to enter text. |
| How much of a support system does the Beneficiary have?  (On a scale from 1 to 3,  1 being minimal, 3 being a lot) | Click here to enter text. |
| **Notes/Story:** *(Attach pictures if you wish)* | |
| Click here to enter text. | |

**Internal Use Only: Approved / Not Approved**

|  |  |
| --- | --- |
| Benefit Type: |  |
| Contact: |  |
| Proposed Date of Benefit: |  |
| Proposed Location of Benefit: |  |
| First Meeting: |  |