

Ballston Area Clergy Association Community Assistance Fund

This fund serves residents of the Ballston Spa School District: Milton, Malta, Ballston, and Charlton.

Please submit this application directly to the church/ clergy on call for the month. Allow 1-2 weeks for application to process.

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| <u>May—June 2018</u> Hope Church, 206 Greenfield Ave., 885-7442, Pastor Thompson | <u>November—December 2018</u> Christ Episcopal Church, 15 West High St., 885-1031, Father Derik Roy |
| <u>July—August 2018</u> First Presbyterian Church, 22 West High St., 885-5583, Dr. Sue Getsch | <u>January—February 2019</u> First Baptist Church, 202 Milton Ave., 885-8361, Deacon Bob Staulters |
| <u>September—October 2018</u> Community Alliance Church, 257 Rowland St., 884-2514, Pastor Newton | <u>March—April 2019</u> United Methodist Church, 101 Milton Ave., 885-6886, Pastor Warner |

Today's Date: _____

Full name: _____

Address: _____

Phone number: _____

What is your request or need (please be very specific):

| |
|-------------------------------|
| Office Use Only |
| Request granted by _____ |
| Check # _____ |
| Payable to _____ |
| Amount _____ |
| Date mailed _____ |
| Notes _____ _____ _____ |

Number of adults involved: _____ Number of children involved: _____

Are you a member/ regular attendant of a local church? _____

What is your current employment status? _____

What other organizations have you contacted for assistance? _____

Personal reference who can confirm your need(s) (friend, relative, pastor, social worker, etc.):

Name: _____ Phone: _____

Relationship: _____

If your request is for help paying a bill (utilities, rent, etc.):

Landlord/ Utility Company/ Others: _____

Address: _____

Phone: _____ Account number (if applicable): _____

Checks will be mailed to the address above (landlord/ utility company)



Permission to Contact



FIDELIS CARE®

YES! Please have a Fidelis Care representative contact me regarding free or low-cost health insurance coverage.

YES! Please help me stay covered with Fidelis Care and contact me regarding questions about my recertification.

Please fill out the form below and send it to Fidelis Care one of three ways:

FAX



(518) 427-9584

MAIL



31 British American Blvd
Latham, NY 12110

EMAIL



albmarketing@fideliscare.org
Snap a photo and email

Ballston Spa Clergy Association

Name (please print): _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Telephone: Home: () _____ Cell: () _____

Email: _____ Fidelis Care Representative: _____

What is the best time to contact you? Mornings Afternoons Evenings

What is your primary language? _____

How did you hear about Fidelis Care? (Referral source): _____

Signature: _____ Date: _____

*By completing and signing this form, I give permission for a Fidelis Care representative to contact me regarding health insurance or to renew my current coverage.

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