

# QUESTCARE ASSISTANCE REQUEST FORM

REF #

**PLEASE NOTE: - IN ORDER TO BETTER ASSIST YOU, THIS INFORMATION WILL BE VIEWED BY THE QUESTCARE TEAM AND MAY BE SHARED WITH QUEST PASTORS/STAFF AS WELL AS PERSONNEL/AGENCIES OUTSIDE OF THE CHURCH**

Please submit completed form to [QuestCare@gotoquest.org](mailto:QuestCare@gotoquest.org) or drop it by the Quest office during normal business hours.

**TODAY'S DATE:** \_\_\_\_\_

- Are you a Member or regular attender of Quest \_\_\_Yes \_\_\_No
- If no, how did you find out about QuestCARE? \_\_\_\_\_
- Was there a Quest Member who reached out to you? \_\_\_\_\_ If so who? \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Date of Birth Sex: M / F

\_\_\_\_\_  
Best way to contact you:

\_\_\_\_\_  
Employer (Name) Employer Address

How long have you been with this employer? \_\_\_\_\_

Highest education completed: \_\_\_\_\_

**Children Living in the Household:** Please identify the number, ages and current school of any children living in your house

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Adults Living in the Household:** Please identify the number, ages and current employment status of any adults (including your spouse/domestic partner) living in your house –

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received assistance from Quest in the past? Yes \_\_\_ No \_\_\_

When? \_\_\_\_\_ If yes, what type of assistance? \_\_\_\_\_

**YOUR REQUEST/NEED**    **LIVING EXPENSES**    **EMERGENCY EXPENSE**    **COUNSELING**

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### **HOW CAN WE PRAY FOR YOU?**

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### **Please provide some financial information**

**Approximate Monthly Household Income** \_\_\_\_\_

**Monthly Expenses (rent, credit cards, food, utilities, other major expenses)** \_\_\_\_\_

### **QuestCARE Assistance Disclosure and Informed Consent Agreement**

QuestCARE Assistance is provided by Quest Community Church for the expressed purpose of providing biblical help for those who are truly in need. As Friends with Faith, we believe we should strive, within our capabilities, to help our friends overcome difficult situations that have created genuine need.

Quest understands the need for confidentiality and will maintain that confidence with only a few exceptions. The information you share is necessary to run this program and may be discussed by Quest pastors, staff, and fund administrators for the sole purpose of managing QuestCARE. If these managers determine that an outside agency would better provide services or goods, a manager will contact you to explain the determination and ask for permission to speak to the outside organization. Without your permission, Quest will not speak to the outside organization. However, this may impact Quest's decision on whether and how to best serve you.

Otherwise, your disclosed information will be kept confidential except for lawful requests and where a manager reasonably determines threat of physical harm exists.

I certify and declare as follows: I am over 18 years of age, I have personal knowledge of the following facts, and I am competent to testify.

I understand and agree that my signing and submitting this agreement does not in any way entitle me to receive QuestCARE Assistance from Quest Community Church, its pastors, staff, members or volunteers. ***I agree to QuestCARE's confidentiality terms.*** By my signature below, I hold harmless and indemnify QuestCARE, Quest Community Church, its pastors, staff, members and volunteers from any and all liability, claims, and/or expenses related to this agreement, and will adhere to the policies and procedures related to QuestCARE Assistance.

I understand that any QuestCARE Assistance I receive through Quest Community Church is not a substitute for licensed, professional care (e.g., medical, psychiatric, psychological, and/or financial) and that it is my sole, exclusive responsibility to seek professional, licensed care.

I certify and declare under penalty of perjury under the laws of the State of Ohio that the information on this application is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name here: \_\_\_\_\_

Witnessed by: QuestCARE Administrator

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed form to [QuestCare@gotoquest.org](mailto:QuestCare@gotoquest.org) or drop it by the Quest office during normal business hours.

## QuestCARE Counseling Assistance Waiver and Acknowledgement

REF # \_\_\_\_\_

1. QuestCARE counseling assistance is provided by Quest Community Church for the expressed purpose of providing help for those who are truly in need.
2. I understand that failure to attend a scheduled counseling session paid for in whole or in part by QuestCare assistance, without 24 hours advance notice, will automatically negate the assistance. The full counseling session fee will be due for the missed appointment. Future counseling appointments will not be scheduled using QuestCare funds until the amount due is paid in full.
3. I understand and agree that my signing and submitting this agreement does not in any way entitle me to receive QuestCARE counseling assistance from Quest Community Church, its pastors, staff, members or volunteers. By my signature below, I hold harmless and indemnify QuestCARE, Quest Community Church, its pastors, staff, members and volunteers from any and all liability, claims, and/or expenses related to this agreement, and will adhere to the policies and procedures related to QuestCARE counseling assistance.
4. I understand that any QuestCARE Assistance I receive through Quest Community Church is not a substitute for licensed, professional care (e.g., medical, psychiatric, psychological, and/or financial) and that it is my sole, exclusive responsibility to seek professional, licensed care.
5. I certify and declare under penalty of perjury under the laws of the State of Ohio that the information on this application is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name here: \_\_\_\_\_