

GOLDEN CROSS MINISTRY
Request for Assistance Form
5215 Main Street, Houston, TX 77002
713-521-9383, ext. 314
Email: goldencross@txcumc.org
Fax 713-533-3796

PLEASE GIVE COMPLETE AND DETAILED INFORMATION

PATIENT INFORMATION:

DATE OF ILLNESS OR ACCIDENT: _____ DATE OF BIRTH: _____
PATIENT NAME: _____ ETHNIC BACKGROUND _____
ADDRESS: _____ RACE _____
CITY/ZIP _____
E-MAIL ADDRESS _____
HM or WK PHONE (_____) _____ CELL PHONE (_____) _____

CHURCH INFORMATION:

NAME: _____ PHONE (_____) _____
SENIOR PASTOR _____ DISTRICT _____
PASTOR E-MAIL ADDRESS _____

PRIMARY CARE DOCTOR'S INFORMATION:

NAME _____
ADDRESS _____
PHONE (_____) _____ E-MAIL ADDRESS _____

INSURANCE INFORMATION:

NAME OF COMPANY _____
MEDICARE: _____ YES _____ NO MEDICAID: _____ YES _____ NO

Pastor Signature: _____ **Date:** _____

****If applicant is clergy or clergy family, the District Superintendent must sign and approve this application.**

Please give details below or on the back of this form why Golden Cross assistance is needed. Attach with this form the bills related to this illness/accident you need our committee to consider. We will be in touch with the applicant and/or the pastor when this form is received.

Golden Cross Ministry Guidelines

1. Applicant must be a member in good standing with membership of at least one calendar year in a congregation of the Texas Annual Conference prior to making a request.
2. Requests must first be approved and signed by the Senior Pastor (for lay persons) or District Superintendent (for clergy). The Golden Cross Administrator should be advised in advance of receipt of an application. The administrator will be in contact with the pastor or superintendent to discuss the need and the final resolution.
3. Please include an explanation of need with your application. You may be advised to seek discounts with your doctor or facility to help defray your costs. The applicant may be asked to call providers to give permission for them to speak to the Golden Cross administrator. Due to HIPPA laws, the administrator is limited as to the action that can be taken on behalf of the applicant.
4. Priority will be given to those who do not have health insurance. Applicants may be considered who have health insurance but unable to make deductible payments or costs not covered by insurance. Applicants may receive assistance up to but not exceeding \$3,000 in a calendar year.
5. Golden Cross monies will not be paid directly to the applicant to cover out-of-pocket expenses. Checks will be mailed directly to medical facilities and/or providers of care. Refunds will NOT be given to applicants for invoices already paid. Only unpaid bills will be considered for payment.
6. Priority will be given to clergy, clergy family members and lay members whose church contributes to **Golden Cross Ministry** annually.