

# GOLDEN CROSS MINISTRY

## Request for Assistance Form

5215 Main Street, Houston, TX 77002 \* 713-521-9383 ext. 322 \* goldencross@txcumc.org

### PLEASE GIVE COMPLETE AND DETAILED INFORMATION

#### PATIENT INFORMATION:

Amount Requested: \_\_\_\_\_

PATIENT FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City State Zip

CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_ HM or WK PHONE: (\_\_\_\_\_) \_\_\_\_\_

DATE & DESCRIPTION OF ILLNESS/ACCIDENT: \_\_\_\_\_

#### HOME CHURCH INFORMATION:

CHURCH NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

SENIOR PASTOR: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DISTRICT: \_\_\_\_\_ DISTRICT SUPERINTENDENT: \_\_\_\_\_

#### TREATING PHYSICIAN OR HOSPITAL INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City State Zip

PHONE (\_\_\_\_\_) \_\_\_\_\_

#### INSURANCE INFORMATION:

NAME OF COMPANY: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ MEDICARE?  YES  NO MEDICAID?  YES  NO

**APPROVAL:** *Pastors must approve this application for members in good standing.  
If applicant is clergy or clergy family, the District Superintendent must approve this application.*

**Pastor /\*\*DS Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please give details below** (or on the back of this form) regarding why assistance is being requested. Attach related bills (only unpaid bills for recent health concerns will be considered) or treatment plans. The applicant and/or pastor will be contacted when this form is received.

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## Golden Cross Ministry Guidelines

5215 Main Street, Houston, TX 77002 \* 713-521-9383 ext. 322 \* [goldencross@txcumc.org](mailto:goldencross@txcumc.org)

1. Applicant for assistance must be a member in good standing for 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, or by the District Superintendent if the applicant is clergy or related to clergy.
3. Please include an explanation of illness or accident (diagnosis, treatment plan, etc.) and need for assistance. 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. Insured applicants may be considered if unable to make deductible payments or costs not covered by insurance.
5. Priority will be given to clergy, clergy family members, and lay members whose church contributes to **Golden Cross Ministry** annually.
6. Applicants may receive up to \$1,500 in a 12-month period.
7. Golden Cross assistance funds 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 for current or recent health concerns will be considered for payment.
8. The Administrator will be in contact with the applicant, pastor, and/or superintendent to discuss the need and final resolution.