

SPARROW'S NEST - COVID-19 RELATED EMERGENCY REQUEST

Please Read Before Completing Application

Welcome to FaithWorks and the Sparrow's Nest. Although we would like to help all who are in need, with our Covid-19 funds we can **only** offer financial aid to clients who have experienced a Covid-19 related emergency that has caused them to be unable to pay their bills. **Financial aid may include assistance with Power or Water bills and the cost of medications.** We do not provide rent or mortgage assistance. All funds go directly to the service provider, no funds are given to individuals. We can only assist clients with a Covid-19 related emergency request one time.

To qualify for assistance one or more of the following Covid-19 related emergencies must apply:

- Covid-19 Hospitalization
- Covid-19 Positive Test Results and/or Quarantine while waiting on Test Results
- Job Loss or Furlough
- Job Loss due to Children being at home or daycare being Closed
- Other Covid-19 related emergency that can be explained and documented

The following DO NOT qualify for Covid-19 Emergency Financial Assistance:

- Reduction or cancellation in benefits (disability, food stamps, social security)
- Job loss/furlough with an employer that you were employed with for less than 3 months
- Emergency request that cannot be documented

If you have had such an emergency and can document this emergency, please complete the Sparrow's Nest Application for Assistance and return to our office located at 2911 Altama Avenue, Monday to Friday 9am-4pm in person or leave in the drop box by the door; via email to sabra@faithworksministry.org; or mail to FaithWorks, P.O. Box 2902, Brunswick, GA 31520. Staff will review completed applications and contact you with questions and verification of documentation within 3 business days.

The following documentation must be available and/or included with your application to be considered:

- Photo ID copy
- Your most recent utility bill you are requesting assistance with OR account numbers if a digital or hard copy is not available.
- If request is related to job loss/furlough –
 - 1) Documentation of job loss or furlough AND
 - 2) Evidence of 3 months longevity with employer (ie pay stubs, etc.)
- If request is related to Covid-19 testing, quarantine or hospitalization –
 - 1) test results
 - 2) hospitalization records if applicable
 - 3) Evidence of quarantine requirement related to job loss/furlough
- If request is related to job loss due to children being home and/or daycare being closed –
 - 1) Letter stating circumstance surrounding job loss or leave of absence due to children being home
 - 2) Evidence of 3 months longevity with employer (ie pay stubs, etc.)
- Prescription information (pharmacy name and phone number) – Pain medications will not be approved.

If you have not experienced a Covid-19 related emergency or cannot provide documentation of your emergency, we may not be able to help you.

Other organizations that may be able to help you include:

- Coastal Community Action Authority – 912-261-9071
- Salvation Army – 912-265-9381
- St. Vincent de Paul – 912-262-6244

SPARROW'S NEST APPLICATION FOR ASSISTANCE
COVID-19 RELATED EMERGENCY REQUEST

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____ Date of Birth: _____

Number of adults living in your household? _____ Number of children (under 18) living in your household? _____

First Names and date of birth for children: _____

Type of assistance you need?

POWER BILL **GAS BILL** **WATER BILL** **MEDICATION COST**

Which circumstance is your assistance need related to? (circle all that apply)

Covid-19 Hospitalization **Covid-19 Positive Test Results/Quarantine**

Job Loss/Furlough **Temporary Job Loss due to Children @ Home**

Other COVID-19 Related Emergency, describe: _____

Please explain your need for assistance and how you've been impacted by the Covid-19 pandemic?

Did you receive a stimulus check from the US Government? ? Yes No

Are you a veteran? Yes No Is there a veteran in your household? ? Yes No

EMPLOYMENT INFORMATION

Current/Previous Employer: _____ Monthly Income: \$ _____

Supervisor Name: _____ Phone #: _____

How long had you been employed there? _____ How many hours per week did you work? _____

Furlough or Job Loss date: _____ Did you receive unemployment compensation? Yes No

Have you been rehired? Yes No If yes, how many hours per week? _____

JWSC Water/Sewer Bill Assistance: Name on Account: _____

Account Number _____ What is the amount due? \$ _____

Are you on a payment plan? Yes No Is your water disconnected? Yes No

Power or Gas Bill Assistance: Utility Company _____

Account Number _____ Is this a prepay acct? Yes / No

What is the total amount due? \$ _____ Is your power turned off? Yes No

Pharmacy Name: _____ Phone Number: _____

Cost of Prescriptions: \$ _____ Do you have insurance, Medicare or Medicaid? _____

(Pain medications will not be approved).

Do we have permission to contact your utility provider or pharmacy regarding your account? Yes No

Has another organization or group provided financial assistance to you or your family due to the Covid-19 pandemic?

Yes No If yes, please list organizations: _____

Documentation of your emergency is required. If you cannot provide documentation. We cannot complete your application without documentation of your emergency request. I have attached the following relevant documentation to this application or will have available when contacted by staff:

Copy of Photo ID

Copy of Utility Bill or Copy of Prescription Request

If request is related to job loss/furlough:

Documentation of Job Loss/Furlough

Evidence of 3 months longevity with employer (pay stub, etc.)

If request is related to Covid-19 testing, quarantine or hospitalization:

Covid-19 Test Results

Hospitalization records with Covid-19 diagnosis

Other relevant documentation

If request is related to job loss or leave of absence due to children being home and/or daycare being closed:

Letter stating circumstance surrounding job loss or leave of absence due to children being home

Evidence of 3 months longevity with employer (pay stub, etc.)

I certify that all of the information I've provided is true and correct:

Signature

Date

Please return completed application to the Sparrow's Nest:

- 1) Drop off to our office located at 2911 Altama Avenue in Brunswick, Monday to Friday, 9am-4pm OR drop in the drop box next to the door any time.
- 2) Email to sabra@faithworksministry.org
- 3) Mail to FaithWorks, P.O. Box 2902, Brunswick, GA 31520.

Staff will review completed applications and contact you via phone with any questions and verification of documentation within 3 business days.

Case# _____ Date: _____