

# Ballston Area Clergy Association Community Assistance Fund

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

Updated 8/26/19

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

<b>July—August 2019</b> First Baptist Church, 202 Milton Ave., 885-8361, Deacon Staulters	<b>January—February 2020</b> United Methodist Church, 101 Milton Ave., 885-6886, Pastor Warner
<b>September—October 2019</b> Christ Episcopal Church, 15 West High St., 885-1031, Father Roy	<b>March—April 2020</b> First Presbyterian Church, 22 West High St., 885-5583, Pastor Legg
<b>November—December 2019</b> First Presbyterian Church, 22 West High St., 885-5583, Pastor Legg	<b>May—June 2020</b> Hope Church, 206 Greenfield Ave., 885-7442, Pastor Thompson

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:



(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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**1-888-FIDELIS • fideliscare.org**  
(1-888-343-3547) TTY: 1-800-421-1220



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