

# JESUS CARES SELF-HELP PROGRAM

Jesus Cares is a HAND-UP PROGRAM to assist McNairy County citizens in EMERGENCY SITUATIONS; and Jesus Cares is a self-help program that identifies needs, goals and action plans to help eliminate constant requests for continuing financial assistance. We can pay up to \$250 once in a six months period with a maximum of four times over a lifetime, if the client agrees to complete the individualized self-help plan. At the point that the client no longer is making successful progress with the self-help plan, no further assistance will be given. For further assistance, everyone must complete these steps in the self-help program.

1. Budget Sheet- Explained at the time of request for aid and given to the client to take home. Must be filled out and returned with the client upon next request for assistance, minimum of six months. NO FURTHER FINANCIAL ASSISTANCE will be given if the budget sheet is not returned at the time of subsequent request for aid. It must be filled in for each month from the last time aid given to the present time of request (at a minimum of six months).

2. Pickwick Electric Levelized Billing- **You will not be required to do this if on prepay.** This is a method of billing that will keep you from being surprised by a beyond your reach bill. PEC will explain this to you to let you know if this program will work for you.

3. You must identify your goals, gifts/talents and action steps for improvement of your current situation on our goal sheet, given to you at the time of request for aid. A copy of this sheet will be given to you to take home and review (as a reminder of those things you wish to improve in your life and the action you plan to take to accomplish those improvements).

4. Jesus Cares does have a Life Coaching Program available upon request.

**If the client needs assistance beyond the first 6 months, the budget sheet must have been successfully completed and brought back in with the client at the time of second request.**

I agree to follow the self-help program

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

I do not wish to participate in this self-help program. I understand that I will not be eligible for future assistance from Jesus Cares McNairy County.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Jesus Cares Volunteer Signature \_\_\_\_\_