



Catholic Charities Fort Worth

Subject: Case Management

Parish Financial Assistance Request Form

COA: CM 1

Applies to: Parish Relations

Form Number: 1019-03
Effective: 10/21/2019
Revision effective:
Reviewed: 10/21/2019

*To be submitted with Parish Referral Form and Client Consent to Obtain/Disclose Information Form.

Today's Date:

Client Name:

Submitting Financial Assistance Request for:

- TXU
Arlington Water
Atmos
Reliant Energy
St. Joseph's Healthcare Trust
Other

Please briefly describe the request:

Empty text box for describing the request

My signature below indicates that I have completed the following:

- Verified the client's identity with a valid photo ID
For Arlington Water requests: Verified the client's identity and legal residency or citizenship status via approved photo ID (i.e. US passport; current Texas state ID; Legal Permanent Resident or "Green Card;" or military ID)

Parish Representative Name:

Contact Information (phone and email):

Horizontal line for signature

Horizontal line for date

Parish Representative Signature

Date

Please submit with the following documentation:

- Parish Referral Form
Parish Client Consent to Obtain/Disclose Information Form
Valid photo ID
Proof of income within the past 30 days
Copy of the entire utility bill in need of payment (if applicable)
Copy of prescription order or medical/dental bill (if requesting St. Joseph's Healthcare Trust funds)
If requesting assistance with an Atmos bill, please submit the "Exhibit B" and "MAACLink Release Form"