



THE VILLAGE
METROPOLITAN
COMMUNITY CHURCH

The Village MCC Pickle Fund Guidelines.

Pickle assists, where possible, with short-term emergency needs. We cannot provide long-term or repeated assistance. We also cannot assist with bills more than 60 days in arrears, unsecured loan payments, or any expense that is not an objectively verified critical need. The application process depends on the amount of emergency help required.

Payments of £20 or less.

Pickle team care workers can meet any emergency need they feel meets our criteria with up to £20 in cash on the spot. (Please call 07476 667353 if this is you). No application form is necessary. Of course the amount allocated depends upon the situation and the availability of funds. There also needs to be a team member available to respond, and someone available to escort them. To safeguard our team members we will only meet you in a public place where there are other people around.

Payments over £20.

For any amount over £20 the application form below needs to be filled in and emailed or posted to the church. The pastor then removes the name (for confidentiality) and it is presented to the Pickle Team for their consideration. *At the very least* it takes three days for us to process an application. A week is not unusual. If the need is critical and you need more than £20 then please ask your case worker to call 07476 667353 to discuss your need with the Pastor.

Limitations: Applicants must identify as LGBT or, either directly or indirectly, be victim to Homophobia or Transphobia, (regardless of their personal sexual orientation or gender expression). Only in *exceptional* circumstances may someone apply for Crisis Fund assistance more than once in any 12 month period.

Interview: Applicants MAY be asked to meet with a team member to talk about their situation before a final decision is made. The church reserves the right to ask for documentation to verify eligibility for assistance.

Processing: Return this application to the pastor at the church. Please allow one week for review of your application. You may be contacted via phone, email, or letter, either directly or through a community service office.

Cheques: Cheques will be made out payable to third party agencies such as utility companies or landlords. Amounts more than £20 are *never given out in cash to the applicant* and cheques are almost *never made payable to the individual*. Direct payments are occasionally made directly to organizations via bank transfer where time is a critical factor.

Availability of Funds: All requests shall be considered on a first come first served basis, and as funds are available.

Documentation: All applicants for amounts over £20 are required to complete the The Village MCC Pickle Fund Application in its entirety and provide supporting documents where needed (e.g. invoices, bills, rent book).

Please remember that bad things often happen to good people. This process is not designed to make things more difficult for you but so that we can allocate very limited funds as wisely as possible.

The Village MCC Pickle Fund Application - PLEASE COMPLETE THE ENTIRE APPLICATION

(Where there is more than one option please circle the ones that apply to you)

Name _____ Phone _____

Address and/or referring agency _____

_____ Post Code _____

Email _____

Date of birth _____ Single Married Divorced living with partner

Do you identify as Gay Lesbian Transgender Bi-sexual Straight Other

Partner's Name _____ Partner's Employment _____

Dependents _____

Needs: Food Clothing Rent / Mortgage Utilities Other

(Please explain) _____

Deadline: _____ Amount Needed _____

Have you been helped previously by The Village MCC? Yes No

What did you receive? _____ When? _____

Who else have you contacted for help with this need? _____

How are they able to assist you? _____

Please explain the circumstances which brought about this need. _____

Signed _____ Date _____

Contact details can be found at www.thevillagemcc.org. Please email pastor@thevillagemcc.org.

Do Not Write Below This Line - For Church Use Only

Date application received _____ Agency Referral (Group and Contact
Name) _____

Disapproved _____ Reason _____

Approved _____ Approved By _____

Check payable to whom? _____ Amount _____ Check# _____

Send to: _____
Address _____

Date paid _____ Written by _____

NOTES