

To our guests:

We are looking forward to our time with you! We view it as a time to get to know you and what is happening in your life. Our goal is to try to: connect you with resources and/or resource providers, give you some encouragement, and possibly provide you with new ideas or perspectives to apply to your current situation.

We know that there is so much more to you than the struggle you are having right now. We also know that a struggle in one area of our lives is connected to other areas in our lives. The following questions are designed to explore some of these areas. Please take the time to think about and write out answers to these questions so that both you and the volunteer/staff person you meet with will have a broader picture of what is happening in your life.

Current Situation:

What has caused you to want to connect with the Congregational Care Ministry at Crosswinds?

What are you hoping the Congregational Care Ministry can help you with?

Financial:

Included with this profile is a monthly budget worksheet. This can be a very helpful tool in organizing your thoughts about the way that money comes in and goes out of your household. **If finances are one of your primary concerns, please complete the worksheet (front and back) as completely as possible.** You will need it for your appointment. Also, please bring copies of any bills or receipts for which you are seeking assistance.

Emotional, Physical and Relational:

Are there health issues that complicate matters for you now and if so, in what ways?

Who are the most important people in your life right now? How has your relationship been with them lately?

Who are the people in your life that give you encouragement & support? In what specific ways are they encouraging & supporting you?

In general, how have you been feeling?

Spiritual:

Where/how do you see God in your current situation?

Growth and Self Development:

What are you learning about yourself through all of this?

Are there any areas of your life in which you would like to learn or grow?

An Agreement with Crosswinds Wesleyan Church

I (we) understand that Crosswinds will attempt to assist me (us) in addressing my (our) current needs. I (we) acknowledge that consulting with the Congregational Care Ministry may involve the sharing of my (our) information with the ministries of Crosswinds Wesleyan Church on a “need to know” basis and I authorize such sharing of information within Crosswinds Wesleyan Church. I (we) understand that the services provided by Congregational Care are offered without charge or obligation.

I (we) further agree to indemnify and hold harmless all volunteers of the Congregational Care Ministry, Crosswinds Wesleyan Church, and its employees, agents, counselors, officers and directors from any claim, suit, action, demand or liability of any kind and any nature arising out of, or in any manner connected with, my (our) participation in Congregational Care’s services.

Signature

date

Spouse's Signature

date

Monthly Budget Worksheet

Fixed Expenses

Housing: (monthly)

_____ Mortgage or Rent
_____ Taxes
_____ Insurance
_____ Misc. Fees

Communication: (monthly)

_____ Home Phone
_____ Long Distance
_____ Cell Phone
_____ Internet

Utilities: (monthly)

_____ Gas
_____ Electric
_____ Water
_____ Trash
_____ Other

Insurance: (monthly)

_____ Auto
_____ Health
_____ Life
_____ Disability
_____ Other

Debt Repayment: (monthly)

_____ Car Loan
_____ School Loan
_____ Credit Cards

_____ Other

_____ **Total Fixed Expenses**

_____ Monthly Spendable Income

_____ Less Monthly Expenses

_____ **The Bottom Line**

Variable Expenses

Household/Personal: (monthly)

_____ Groceries
_____ Clothes
_____ Household Items

Personal: (monthly)

_____ Tobacco/Liquor
_____ Cosmetics
_____ Haircuts
_____ Education/Classes
_____ Miscellaneous

Professional Services: (monthly)

_____ Child Care
_____ Med./Dental/Prescriptions
_____ Counseling
_____ Other

Entertainment: (monthly)

_____ Meals out
_____ Movies/Events
_____ Other

Other: (monthly)

_____ Cable TV
_____ Sports/Fitness
_____ Hobbies

_____ Subscriptions
_____ Vacations
_____ Gifts
_____ Misc. Cash Spent

_____ **Total Variable Expenses**
