



Loving Neighbors Through Action

Corporate Works of Mercy Foundation is a private non-profit dedicated to fulfilling the Biblical corporal works of mercy. Our mission is to share God's blessings and love through action and in truth with our neighbors in need of assistance.

- † Feed the hungry and give drink to the thirsty
- † Clothe the naked and shelter the homeless
- † Visit the prisoner (ransom the captive)
- † Visit the sick and bury the dead
- † Alms for the poor

About the Y-Not Assist Program:

The "Y-Not Assist" program is managed by the Corporate Works of Mercy Foundation. The program's intent is to help individuals and families struggling with devastating hardships beyond their control that negatively impact their lives.

Level 1 Support may be available to SRO employees, employees of our CWM sponsors, and to any community member for the following types of hardships:

- Expenses resulting from a catastrophic (chronic or terminal) medical condition
- Funeral or burial expenses for the participant's spouse, parents or dependents
- Expenses relating to the extreme damage to the participant's primary residence (i.e. fire or flood)

Level 2 Support is available ONLY to SRO employees and employees of our CWM sponsors. Hardships (outside of those identified in Level 1) will be considered on an individual basis for possible assistance.

PROCESS & CHECKLIST

1. Complete your application and email it to cwm@stromainoil.com or fax it to 318-240-9561.
2. Attach copies of any bills you are requesting help with, as well as supporting documents. CWM will not begin to process your application until it is completed in full, with copies of bills and necessary documents.
3. Expect a call within a week to schedule an interview with volunteer CWM Board Members. Please be patient with us, as we are all volunteers.
4. Expect a decision from the board within 1 week of your interview. The board may approve, partially approve or deny your application based on the facts presented and the limited funds we have available.
5. If assistance is granted, CWM will make any approved payments directly to service providers.

PERSONAL INFORMATION

Application Date:							
Name (Please Print):				Age:		DOB (MM/DD/YY):	
Mailing Address:				City, State, Zip:			
Physical Address:				City, State, Zip:			
How long have you lived at this address? ___ yrs ___ months						<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Type of home: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Currently Homeless							
Email:							
Phone #(s):			Alternate Phone #:			I prefer: <input type="checkbox"/> Calls <input type="checkbox"/> Texts	
Please note what times you would be available for an interview:							
Weekday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							



FAMILY INFORMATION

Legal Marital Status: Single Married Divorced Separated Widowed In a Relationship

How many people live with you? _____ How many children do you have? _____

Please provide the name, age, and relationship of each person living with you:

Name	Age	Relationship

For infants - - Infant Formula Needed: _____ Diaper/ Pull-Up Size: _____

Do any of your immediate family members have special needs? Yes No

If yes, please describe: _____

EMPLOYMENT INFORMATION

Are you currently employed?: Full Time Part Time Unemployed Student Permanently Disabled

Is your Partner employed? Full Time Part Time Unemployed Student Permanently Disabled N/A

Have you or a family member ever been employed by St. Romain Oil? Yes No / Name: _____

If unemployed, please explain: _____

If permanently disabled, have you applied for disability benefits? Yes No

Please provide employment history for the past 3 years:

Business Name	Supervisor Name	Dates	City, State	Phone Number

ASSISTANCE INFORMATION

I am a SRO/Y-Not Stop Employee CWM Sponsor Employee Neighbor Applicant

I am applying for assistance because of the following hardship:

Major Illness/Injury Funeral/Burial Expenses Fire/Natural Disaster

Applicable for SRO/Y-Not or Sponsor Employees ONLY: Other - Please describe your unforeseen hardship as it relates to the mission of Corporate Works of Mercy: _____

Please list the bills you want help with from most important to you to less important.

Please attach copies of the bills. Note: We cannot assist with vehicle purchase down payments.

Service Provider	Amount	Due Date	Copy Attached
1.	\$		<input type="checkbox"/>
2.	\$		<input type="checkbox"/>
3.	\$		<input type="checkbox"/>

How did you hear about us?: _____

Are you related to any Corporate Works of Mercy Board Members (see below)? If yes, circle name. Yes No

Kristin Dauzat Amanda St. Romain Annie Gauthier Annie Brown
 Cynthia Flanders Avery Moses Nikki Dauzat J. B. Treuting Brad Augustine



FINANCE WORKSHEET

Assets/What You Own		Liabilities/What You Owe	
Home:	\$	Home:	\$
Vehicle(s):	\$	Vehicle(s):	\$
Bank/ Cash Balance(s):	\$	Other:	\$
Other:	\$	Credit Cards:	\$
Total:	\$	Total:	\$

Income		Expenses		Date Due	Payable To (Name/ Business)
Total Household	\$	Rent/Mortgage:	\$		
Monthly Wages:		Electricity:	\$		
Snap:	\$	Water/Sewage:	\$		
SSI:	\$	Gas:	\$		
Disability:	\$	Phone:	\$		
Alimony:	\$	Car:	\$		
Child Support:	\$	Insurance:	\$		
Savings:	\$	TV/ Entertainment:	\$		
Investments:	\$	Internet:	\$		
Other:		Child Care:	\$		
		Groceries/ Food:	\$		
		Vehicle Fuel:	\$		
		Medications:	\$		
		Hair/ Nails/ Makeup:	\$		
		Clothing/ Toiletries:	\$		
		Pet Supplies:	\$		
		Other:	\$		
Total:	\$	Total:	\$		

RESOURCES

Food Bank of CenLA	318-445-2773	Apply for Food Programs
DCFS	225-342-0286	Apply for SNAP; Child Welfare Services
Hope House	318-487-2061	Homeless Shelter (Located in Alexandria, LA)
Faith House	1-888-411-1333	Shelter & Resources for Victims of Domestic Violence
Cenla Pregnancy Center	1-800-712-4357	Resources for Pregnant Women
LA Medicaid	225-342-9500	Apply for Medicaid
LA CHIP	1-800-220-5404	Apply for LA CHIP (for children)
LA OCDD	318-484-2347	Apply for services for citizens with Developmental Disabilities
Social Security (SSI/ SSDI)	1-800-772-1213	Apply for Social Security Benefits, Supplemental Security Income Benefits, Medicare and/or Disability Benefits
CCAP (Childcare Assistance)	1-877-453-2721	Apply for financial assistance with Child Care

I verify that the information submitted on this application is truthful and accurate. I authorize CWM to verify the details of my application and make payments to service providers on my behalf, should assistance be granted. I also understand that submission of this application does not guarantee approval for assistance.

Signature: _____

Date: _____