

HIGH OAKS, INC.
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Springfield, PA 19064
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Web: www.highoaksinc.org

High Oaks supports the office of the Christian Science Nurse in accordance with Article VIII, Section 31 of the CHURCH MANUAL by Mary Baker Eddy. High Oaks accepts applications for benevolence from individuals who are relying on Christian Science for healing and need assistance on a temporary basis with payments for Christian Science nursing care in a facility or at home and with Christian Science practitioner fees. High Oaks also considers requests for emergency funds for other than nursing or practitioner needs on a short-term basis. All benevolence is offered in support and expectation of healing.

APPLICATION FOR BENEVOLENCE: Please answer all questions completely and return by the 15th of the month for consideration. All information will be kept strictly confidential. (If you need assistance in completing application, please contact High Oaks.)

Name _____ Telephone _____

Address _____ Email _____

City _____ State _____ Zip _____

1. Please state your reasons for needing benevolence.

2. What specific bill(s) do you need assistance with? _____
(Please enclose copy of bill(s) in order for application to be considered.)

3. What amount are you able to pay on the bill(s)? _____

4. What amount are you requesting High Oaks to pay on the bill(s)? _____
(Please note that approved benevolence is paid directly to the service provided.)

5. Please explain your current financial situation, including all sources of income and amounts from employment; pension; social security; interest; dividends; etc., as well as current monthly expenses.

(Attach additional sheet as needed.)

Total Monthly Income:

Employment _____

Pension _____

Social Security _____

Interest _____

Dividends _____

Total Monthly Expenses:

(Please list)

6. What additional sources of financial assistance do you have to help pay the bill(s), including but not limited to health insurance, family, public assistance, church, association, other?

If so, for what amount?

7. Have you applied for benevolence at other Christian Science sources? _____

If so, where and for what amount? _____

8. Are you relying on Christian Science for healing and receiving treatment on a regular basis from a practitioner listed in The Christian Science Journal? _____ If not, please explain.

9. Are you a member of The Mother Church? _____ and of a branch church or society? _____

10. Do you attend Christian Science services on a regular basis? _____ If not, do you listen to church services via telephone or internet? _____

Signature of Applicant _____

Date _____

(or)

Individual completing application (if other than applicant):

Name _____

Relationship _____

Telephone _____

(Signature) _____

Date _____