

**Brethren Helping Hands  
Case Management Screening Form**

Congregation submitting request \_\_\_\_\_

Congregational contact name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Homeowner 's name \_\_\_\_\_

Address of home \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ How many people reside in the home? \_\_\_\_\_ Is this a  
single family residence? ( ) Yes ( ) No

Please check any that apply:

\_\_\_\_\_ The homeowner is a member of our congregation.

\_\_\_\_\_ The homeowner regularly attends our worship services.

\_\_\_\_\_ The homeowner is a member of our community but not a member of our congregation.

Is homeowner currently living at above location? ( ) Yes ( ) No

**\*\*Briefly describe the homeowner's need(s). Please include details such as whether the damage is disaster or maintenance related, the extent of the damage, etc.**

Has the homeowner or congregation obtained a cost estimate for needed repairs? ( ) Yes ( ) No  
If yes, please state dollar amount of estimate. \_\_\_\_\_

Has the homeowner or congregation located financial resources to meet the need? (IE insurance, federal, state, or local assistance, family resources, congregational support, etc.) Explain.

Has the homeowner or congregation obtained permits/inspections? ( ) yes ( ) no

Has the homeowner or congregation checked code/elevation requirements? ( ) yes ( ) no

Will work require the services of a bonded contractor? ( ) Yes ( ) No

Name of person completing form \_\_\_\_\_ Phone number \_\_\_\_\_

Position within congregation \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Brethren Helping Hands reserves the right of refusal if we feel the project is beyond the scope of our expertise.**

\*\*\*\*\*

**For BHH Use only**

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Project Coordinator \_\_\_\_\_