

Bergen County Chapter Knights of Columbus Relief Committee

Application for Relief

Please print or type all information

Case Number _____ Date of Application: _____

Name _____ Council _____ Applicant's Age _____

Address _____

Is applicant in good standing in his Council? _____ How long is the applicant a member? _____ years

Occupation _____

Employer's Name _____

Employer's Address _____

How long has applicant been confined? _____

What the applicant's ailment? _____ Is applicant attended by a physician? _____

Is the ailment alcohol or drugs related? _____ Is condition due to misconduct? _____

Does the applicant have health insurance? _____ When will applicant resume work? _____

If condition is due to an accident, how did it occur? _____

Has applicant filed claim for damages? _____ If so, explain _____

How many dependents does applicant have? _____ Relationship to applicant _____

Have dependents other means of support? _____ If so, explain _____

Age of dependents _____ Applicant's average weekly salary \$ _____

Is applicant receiving salary or compensation? _____ Amount _____

Does applicant have other income? _____ Is applicant receiving help from any other source(s)? _____

Has Council Relief Committee visited applicant? _____ Date of last visit _____

Is applicant in a public institution? _____ Is any charge being made there? _____

Remarks _____

We certify that we have carefully investigated this claim and the statements above and recommend that applicant be granted assistance in the amount of \$ _____

We further certify that this is a just and worthy claim and the applicant is entitled to relief under the laws of the CHAPTER.

Grand Knight

Financial Secretary

Council
Relief
Committee

COUNCIL SEAL

We recommend assistance in the amount of \$ _____

Chapter
Relief
Committee

Recommendation for \$ _____

Date of Chapter Action: _____ Action Taken: APPROVED DISAPPROVED

If applicant is under the care of a physician, a certificate must be furnished.

In its desire to be of assistance to the members of associated Councils, the CHAPTER undertakes to extend relief only in deserving cases. It assumes no liability or obligation to honor any claim. To carry out its purpose it has created a Chapter Relief Committee, which is authorized to recommend assistance for any worthy member who may be confined to home or an institution by reason of sickness or accident. This committee is also empowered to make such rules or regulations that it deems necessary to carry out its functions. It may also conduct any investigations which it may consider essential to assist in making a decision.

RULES FOR CHAPTER RELIEF COMMITTEE

All applications for assistance must be made on this form.

All information furnished will be considered as confidential.

The applicant's Council must be in good standing with the CHAPTER.

All questions on this form must be answered fully.

This committee will not act without a definite recommendation by the Council Relief Committee.

It shall be the duty of the Council Relief Committee to diligently investigate every claim presented to it.

If applicant is under the care of a physician, a certificate must be furnished.

Recommendation of Council Relief Committee must be endorsed by at least two (2) members of said committee.

No applications will be considered from applicants failing the following classifications:

- A. Those whose illness or accident may have resulted from vicious or immoral conduct.
- B. Whose illness or accident has resulted from the use of alcohol, narcotics, or habit-forming drugs.
- C. Those standing suspended from membership as prescribed by the By-Laws of the Order.

This committee may recommend limiting the assistance granted in any specific case.

Every council affiliated with the CHAPTER has pledged its good faith in carrying on this work. All members are expected to do likewise.