

## 福音真理基金會

## Christian Gospel Truth Joundation, Inc. 25 Doña Hemady Ave. cor. 3rd St., New Manila

25 Doña Hemady Ave. cor. 3<sup>rd</sup> St., New Manila Quezon City, Philippines Tel. 8294-0853 to 55 loc. 110

## **CARE FUND (WELFARE) ASSISTANCE APPLICATION FORM**

NAME	:		DATE:	
	(Last)	(First)	(Middle Name)	
AGE:			BIRTH DATE:	
ENDORSED BY: INSTITUTION:				
Reminders:				
2.	<ul> <li>Submit the following together with the application form –</li> <li>2.1 photocopy of government-issued ID of patient / concerned individual; and</li> <li>2.2 if representative to receive the check, an authorization letter and photocopy of government-issued ID of both representative and grant recipient.</li> </ul>			
3.	Two weeks after the calamity has occurred, application form w/ attachments has to be filed.			
4. 5.	Deadline of application is exactly one month after the calamity.  After receipt of check, submit an acknowledgement letter / thank you note indicating amount received & utilization of the amount.			
MEDICAL -				
Attach Medical Certificate / Abstract from attending physician				
Supporting diagnostic results (e.g., Laboratory test, MRI, scan, ILLNESS			, x-ray)  REQUIRED PROCEDURE	
	ILLINESS			REQUIRED PROCEDURE
DAMAGED RESIDENCE DUE TO CALAMITY – Attach Barangay Certificate that residence is affected and photos.				
		TRE	FLOOD / TYPHOON	
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DEATH – Attach Death Certificate				
EMPLOYEE / SUBCONTRACTOR OF JCA / JEC			NUCLEAR FAMILY: If married: spouse, child,	
			parents	
			If single: parents, siblings RELATIONSHIP:	
RELATIONSHIP.				
ENDORSED BY:				
JUBILEE CHRISTIAN ACADEMY			JUBILEE EVANGELICAL CHURCH	
Fulltime of 6 & more months			Fulltime of 6 & more months	
Fulltime of less than 6 months			Fulltime of less than 6 months	
Part-time			Part-time	
Subcontractor			Subcontractor	
Administration			Administration	<del></del>
Head:	Signature over prir	nted name / Date	Head:	Signature over printed name / Date
AMOUNT:			APPROVED BY:	
(Php) CGTFI Administration / Date  Rev. SEPTEMBER 16, 2025				