

South Carolina United Methodist Conference
Board of Health and Welfare Ministries
Application for Golden Cross Medical Assistance

Name: _____ Date: _____

Address: _____ Phone: _____

Age: _____

Date of Birth _____

Nature of your illness: _____

Hospital cost \$ _____ Doctor's Charges _____

Medical bills must accompany this request.

Amount Paid by insurance \$ _____ Total costs _____

Assistance from Medicare, Medicaid, Vocational Rehabilitation, etc. \$ _____

Monthly income: Yourself \$ _____ Spouse \$ _____

Number of children living in home _____ Number of Adults _____

*** Please use the back of this sheet to provide any additional information**

Requested by _____

Signature

Recommended by _____

Local Pastor for Church member

Church Name _____ Phone _____

Pastor's name _____ Phone _____

Address _____

*** Pastor is asked to submit a separate statement on your behalf. Application deadlines are June 10 and December 10 of each year. Please complete the application form and return to:**

Prepare and return to:
Connectional Ministries
4908 Colonial Drive
Columbia, SC 29203
Telephone: 1-888-678-6272 / 803-786-9486

Information on **Golden Cross Medical Assistance**
Board of Health and Welfare Ministries South
Carolina United Methodist Conference

1. Golden Cross Medical Assistance is intended primarily for United Methodists whose medical expenses exceed their individual resources, insurance, and other available assistance.
2. Please fill out all the information requested on the application form.
3. When assistance is approved by the Golden Cross Committee, a check will be made out to the hospital or physician and mailed directly to them. The maximum amount of aid available is \$1,200 per request depending on the number of requests.
4. The local pastor must submit a **separate** statement giving his/her assessment of the situation of the applicant. The pastor's statement, the application form and all correspondence should be sent to:

Connectional Ministries
4908 Colonial Drive
Columbia, SC 29203

[E-mail: gcorn@umcsc.org](mailto:gcorn@umcsc.org)

Phone: 803-786-9486

Toll free: 1-888-678-6272