

# 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. Deadlines to submit applications are Jan. 15 and July 15 of each year. Grants are limited to one per 12-month period.
4. 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 \$2,000 per request, depending on the number of requests.
5. The local pastor must sign the application and 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  
Golden Cross Assistance  
4908 Colonial Drive  
Columbia, SC 29203

Information: Call 888-678-6272 or 803-786-9486.

# Application for Golden Cross Medical Assistance

Board of Health and Welfare Ministries  
South Carolina United Methodist Conference

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Nature of your illness: \_\_\_\_\_

Hospital costs: \$ \_\_\_\_\_ 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 living in home: \_\_\_\_\_

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

**Requested by:** \_\_\_\_\_

Your signature

**Recommended by:**

Pastor's name: \_\_\_\_\_ Pastor's phone: \_\_\_\_\_

Church name: \_\_\_\_\_ Church phone: \_\_\_\_\_

Church address: \_\_\_\_\_

**Pastor's signature:** \_\_\_\_\_

**Pastor is asked to submit a separate statement on your behalf.  
This is a requirement for the application to be considered.**

**Application deadlines are Jan. 15 and July 15 of each year.  
Please complete the application form and return to:**

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Golden Cross  
4908 Colonial Drive  
Columbia, SC 29203