Dear\_\_\_\_\_\_\_\_\_\_\_\_\_,

We want to come around you/your family as community in the Body of Christ, in order to support you right now. The information you provide here will be used to build a community team who will support you in the ways you indicate are most needed, who will pray for you and come alongside you through this time. Once a team is set up, as the heart of the team, you will have a gathering where you can share your story if you wish, your greatest needs and your hopes and fears.

The team may change over time, and your needs may change, and this document may no longer be the best place to keep the information but serves as a starting place to form a plan. The Team Leader, acting as the central nervous system of the team, will connect with you about what is shared here and together you can agree upon a plan.  The type of team and who is on it as the “hands and feet” may depend on the situation, and some or all of these questions can be used to put together your community team and start forming a plan.

 We look forward to all that God will do through this!

## Who will be the heart of this team (an individual, a family, etc.)?

|  |  |
| --- | --- |
| Name(s):  |  |

## Who will be the Team Leader(s), the “central nervous system”?

|  |  |
| --- | --- |
| Name(s):  |  |

**Who might be the “hands and feet” on the team -people you would call to help you, or who know you and you trust?**

|  |  |
| --- | --- |
| Within the church:  |  |
| In your family:   |  |
| Others:  |  |

## Please let us know names of persons you prefer NOT be a part of the team, if there are any:

|  |  |  |
| --- | --- | --- |
| Name(s):  |  |  |

## What is the best way to communicate your needs on a regular basis (weekly/bi-weekly)? (Provide all, place a check mark √ next to your preferred).

|  |  |
| --- | --- |
| Email (give address):  |  |
| Text (number):   |  |
| Call (number):  |  |

## What do you see as the aim or goal of this Community Team?

## What do you look forward to most about having a Community Team?

## What concerns would you like to share?

## How long do you think this Community Team should be in place? (It’s ok to not know right now)

Note to Inclusion Coordinator and/or Team Leader: Depending on the nature and goal of the Community Team, you will want to collect further information about the situation. Add, edit, or delete the following questions that apply to the family or individual.

## Would you like support with …

|  |  |
| --- | --- |
|  | Transportation  |
|  | Participating in church activities (please give specifics)  |
|  | Meals at home  |
|  | Household care (laundry, housekeeping, etc.)  |
|  | Yardwork/upkeep  |
|  | Social opportunities (coffee dates, going to events, etc.) |
|  | Paperwork (filling out, filing, submitting, understanding, etc.)  |
|  | Medical and other appointments (taking notes, gathering instructions, etc.)  |
|  | Other areas not listed  |

## Is there equipment the Team could or should use to help you in the above listed ways, if they learned how to? How might they learn to use it?

## Please also share medical information that you are comfortable sharing and feel would be helpful to the Team.