

REQUEST FOR THE SERVICES OF COMFORT DOGS
LCMS Kansas District

*A **critical incident** is any incident or sequence of events which overwhelms or significantly strains the normal coping mechanisms of the congregation and/or school.*

Galatians 6:2 says we should fulfill the law of Christ by carrying one another's burdens.

Requests for comfort dogs to assist by opening ears for the ministry of God's Word might arise in response to a critical incident within a congregation/school ("*He who has ears to hear, let him hear.*" – Mark 4:9). We only respond if invited, and we work with local churches to meet specific ministry needs for the congregation, school, and/or community. The local congregation is responsible for travel expenses incurred by the comfort dog handler(s) in response to critical incidents outside of disaster response. **These visits may be initiated directly with Carolyn Buono at buonocw@cox.net**

Reimbursement for travel expenses of the dog handler(s) will be made **directly with the handler(s)** involved at the time when the services of the comfort dog(s) are rendered.

The LCMS Kansas District will assist congregations/schools in support of *Ministry with Comfort Dogs as the District budget allows*, after the District has been notified (785-357-4441) of the critical incident and the services rendered. The local pastor is required to complete the check request form below and submit it to the LCMS Kansas District, if reimbursement is desired.

CHECK REQUEST

LCMS Kansas District
Attention: Business Office
1000 SW 10th Avenue
Topeka, KS 66604

Payee: _____
Attention: _____
Address: _____
City/St/Zip: _____

Critical Incident: _____ Congregation _____
Date(s) of Services Rendered by the *Ministry with Comfort Dogs*: _____
Name(s) of Dog Handler(s): _____

Disbursement: In order for the check request to be processed, make sure that all receipts are attached to this form. This form must be submitted to the Business Office within 30 days following the services rendered by the *Ministry with Comfort Dogs*.

TOTAL AMOUNT REQUESTED: _____

Pastor Signature _____ Date submitted: _____

BUSINESS OFFICE AND APPROVAL INFORMATION

Department Approval: _____ Business Manager Review: _____
Check Date: _____ Check Amount: _____ Check # _____