

Request for Employee Assistance – Checklist

Please read and check before completing the application.

IMPORTANT:

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. SUPPORTING DOCUMENTATION AND VERIFICATION OF CRITERIA AND CREDITORS TO BE PAID MUST BE INCLUDED. PLEASE BE AS SPECIFIC AS POSSIBLE.

I have completed the application in full. All blanks are completed. All questions are answered.

I meet the following criteria that have threatened my ability to provide shelter:

- Natural Disaster (Fire, Flood, Tornado, or Hurricane)
- Severe illness of a household member, with hospitalization or intensive medical assistance.
- Death of a household member

I included documentation supporting my criteria claim as follows:

- Natural Disaster
 - Fire—Fire Marshall’s Report
 - Flood or severe storm—pictures, insurance claim, newspaper article
- Severe Illness of household member
 - Hospital report or bill; letter from physician
- Death of a household member
 - Funeral Service bill; obituary

I included the bills related to shelter or medical services with which I need assistance:

- Rental agreement or note from landlord with contact information
- Mortgage payment coupon
- Utility bill
- Medical bill

I checked the box on the application related to how confidential I would like my information kept. An application cannot be processed without one box being checked.

My administrator has signed the application. If I work in an office without an administrator, my supervisor has signed the application.

I have enclosed two recent paystubs.

Please return to the following:

PruittCares Foundation

Scan: kcaudell@pruittcare.org Fax: (678) 533-6463, Attn: Pruitt Cares

The information you provided on this application is considered confidential by PruittCares and will only be shared with other parties as necessary to process your request or as you give permission. Monies are disbursed to creditors, not applicants. If no creditor exists, no money will be awarded.

Request for Employee Assistance

(Please Print)

Name: _____ SS#: _____

Address: _____
(Street Name or PO Box)

_____ *(City)* _____ *(State)* _____ *(Zip Code)*

Telephone No.: () _____ () _____
(Home) *(Work)*

Organization You Work For: _____

Dept./Title: _____ Date Hired: _____

Are you currently able to work? Yes No
If no, how long have you been unable to work? _____

Marital Status (circle one): Married Single Divorced Widowed

Age: _____

Please list **ALL** people residing in your household (not including self):

Name	Age	Relationship

Criteria Met:

- Natural disaster
- Severe illness
- Death of a household member

Monthly Expenses:

Food: \$ _____ Utilities: \$ _____
 Car/Truck: \$ _____ Other: \$ _____
 Rent or Mortgage: \$ _____ Other: \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

Monthly Income:

(Supporting documentation is required: copy of paystubs)

Yourself: \$ _____ Spouse: \$ _____
 Child Support: \$ _____ Other: \$ _____

TOTAL MONTHLY INCOME: \$ _____

Do you currently have any money in a savings account? Yes No
 If Yes, how much? \$ _____ Other accounts? \$ _____

Housing (circle one): renting buying other

Are you currently behind on your payments? Yes No How Much?

Amount of assistance needed: \$ _____
(Supporting documentation is required: copies of bills, invoices, statements, etc.)

Assistance needed by (date): _____

Has there been a prior request to Pruitt Cares? Yes No

If Yes, please list date, amount and reason:

Date: _____ Amount: _____

Reason: _____

Nature of Emergency. (What caused the need?) Please be detailed and include dates:

Please list what the money will be used for. (Examples: medical attention, utilities, house payments, etc.) Please provide proof such as a copy of bills, payment coupons, etc.:

Have you sought help from other sources? Yes No

If yes, please describe: _____

Has your facility/office provided you with any type of assistance? Yes No

If yes, what type and how much? _____

Is there a contact person who has personal knowledge of your situation? Yes No

If yes, please provide name and telephone number: _____

IMPORTANT:

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
SUPPORTING DOCUMENTATION MUST BE INCLUDED.
PLEASE BE AS SPECIFIC AS POSSIBLE.

By signing below you are verifying the information provided above is true and accurate to the best of your knowledge. You are also giving permission for a PruittCares representative to speak to the Supervisor/Administrator and/or the contact listed above. You are also stating that you have read the PruittCares Guidelines and fully understand all eligibility requirements.

Employee Signature

Date

TO BE FILLED OUT BY EMPLOYEE'S ADMINISTRATOR

Name (please print): _____

Date: _____

Administrator Signature

Date

FOR OFFICE USE ONLY

Approved (include amount): _____

Denied: _____ Reason: _____

Please return to: Pruitt Cares Foundation
Scan: kcaudell@pruittcares.org or Fax: (678) 533-6463

The information you provide on this application is considered confidential by PruittCares Foundation and will only be shared with other parties as necessary to process your request or as you give permission.

General Release of Information

Recipient

(One of the following boxes MUST be checked in order to process application.)

- The Foundation may use my name and story to help promote its mission.
- The Foundation may use my story but not my name to promote its mission.
- The Foundation may not use my story or my name to promote its mission.

Signature

Date

Please scan to:

kcaudell@pruittcare.org

Please fax to:

PruittCares Foundation
(678) 533-6463

Or mail to: (last resort – much slower process)

PruittCares Foundation
Attn: Larry Daniel
1626 Jeurgens Court
Norcross, GA 30093

Please call (678) 533-6663 or (678) 533-6660 for questions or more information. Call toll-free at (800) 956-5354.