Pruitt Cares FOUNDATION

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Request for Non-Employee Assistance – Checklist

Please read and check before completing the application.

IMPORTANT:
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. SUPPORTING DOCUMENTATION (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 am a health care worker or care for a hospice patient in my home.

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.

Please return to the following:

PruittCares Foundation
Fax: (678) 533-6463, Attn: PruittCares

The information you provided on this application is considered confidential by Pruitt Cares 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.

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Request for Non-Employee Assistance

(Please Print)

Name: ______________________________ SS#: ____________________

Address: ____
(Street Name or PO Box)

____
(City) *(State)* *(Zip Code)*

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

Place of Work: ____

Dept./Title: ______________________________ How Long: ____________________

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:

1. ☐ I am a health care worker.
   ☐ I care for a hospice patient in my home.
2. ☐ Natural disaster
   ☐ Severe illness
   ☐ Death of a household member

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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.:

____

____

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Have you sought help from other sources? Yes No

If yes, please describe: ______________________________

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

If yes, please provide name and telephone number: ______________________________

How did you hear about PruittCares Family Outreach? (Name and phone # must be provided)

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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 Pruitt Cares Guidelines and fully understand all eligibility requirements.

_______________________________________ _______________________________

Signature Date

FOR OFFICE USE ONLY

Approved (include amount): ____

Denied: ____________ Reason: ____

____

____

Please return to: PruittCares Foundation
Attn.: Larry Daniel
1626 Jeurgens Court, Norcross, GA 30093

Fax: (678) 533-6463,

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

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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 fax to:
UHF/Pruitt Cares
(678) 533-6463

Or mail to:
UHF/Pruitt Cares
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.