



Financial Hardship Assistance Request Form

Instructions:

Complete this form in its entirety. You are limited to one (1) financial hardship assistance award within a rolling 12-month period. In order for your assistance request to be considered, you must provide supporting documentation of the hardship for which the award is being requested and have exhausted all available PTO/Vacation cash out. Completed applications should be returned to your local Human Resources office. You will be contacted by a member of the Assistance Review Committee within three (3) business days regarding its decision.

APPLICANT INFORMATION

Name: Last, First	Employee ID:	Department:
Street Address:	Home Phone:	Work Phone:
City, State, Zip	Email:	Preferred Contact Method:
Grant Amount Requested:	\$	

<p>I am facing the following hardship:</p> <p><input type="checkbox"/> Eviction</p> <p><input type="checkbox"/> Car repossession</p> <p><input type="checkbox"/> Turn-off of utilities (e.g., gas, water, or electric)</p> <p><input type="checkbox"/> Medication Needs</p> <p><input type="checkbox"/> Funeral expenses for immediate family member</p> <p><input type="checkbox"/> Other: _____</p>

Please attach documentation of the hardship above. This may include, but is not limited to:

- Death certificate
- Medical bill(s)
- Insurance claims
- Expense receipt(s) (medication, auto repairs, etc...)
- Foreclosure or eviction notice
- Utility cut-off notice (e.g., gas, water, or electric)
- Automobile repossession notice

_____ I understand that LifeBridge Health will take reasonable measures to protect my privacy. However, I understand that my anonymity cannot be guaranteed.

_____ I understand that funds may not be available at this time, and that my application does not guarantee approval of funds.

_____ I have provided supporting documentation and agree to provide additional information that may be requested by the Assistance Review Committee.

Applicant Signature:	
Date:	

Committee Comments:

___ **Approved by Assistance Review Committee**

___ **Denied by Assistance Review Committee**