

Guidelines

PruittHealth Partner Emergency Assistance Grant

Qualifications

1. The applicant is currently employed by PruittHealth or on an approved leave of absence.
2. The applicant has been employed more than 90 days (if less, a letter from the applicant's administrator must accompany the application).
3. The applicant is experiencing a **devastating hardship** that threatens the ability to provide shelter or medical care due to the following:
 - a. A natural disaster including fire, flood, tornado, or hurricane
 - b. The severe illness of a household member (Partner or other family member), with hospitalization or intensive medical assistance.
 - c. The death of a household member (including Partner).

Guidelines

1. The Family Outreach Advisory Committee (FOAC) reserves the right to award or refuse funds based on best judgment and available resources. Only one application will be approved in a twelve-month period.
2. Assistance averages \$750.00 per applicant. Monies support the applicant's basic shelter needs (rent, mortgage, or utilities), medical services (hospital or physician bills) or funeral expenses.
3. **Monies awarded will be sent to bill collectors rather than the applicant.**
4. Administrators should follow these guidelines.
 - a. Work with the applicant to submit requests for assistance.
 - b. **Validate the need** to the best of his or her ability through signature.
 - c. Include supporting documentation (copy of 2 recent pay stubs, applicable bills, and other proof of criteria met) with the application.
5. Completed applications will be processed within 14 business days barring extenuating circumstances. The FOAC will attempt to expedite requests to the extent possible when deemed urgent in nature.
6. If a request is denied, a Foundation staff member will contact the applicant within 30 days explaining the reason for denial.
7. Decisions made by the FOAC are final.

Process

1. Completed applications should be sent to the PruittCares Foundation by Fax (678-533-6463) or Email (PruittCaresFoundation@pruitthealth.com) only. Questions? Call the Foundation at 678-533-6462. Do not send applications by U.S. Mail.
2. A completed application is one in which **all requested information is submitted** (all blanks on form completed), proof of devastating hardship is provided, and bills related to shelter, medical care or funeral expenses are included.
3. Members of the Family Outreach Advisory Committee (FOAC) will respectfully and confidentially review applications. The FOAC and Foundation Staff will uphold the following parameters.
 - a. Contact the applicant or applicant's administrator for further information as needed
 - b. Obtain references from applicant's co-workers, bill collectors, friends or family members who have knowledge of the need of the applicant, or other agencies supplying additional monies
 - c. Consider the total household income and other resources available
 - d. Provide results of decisions to the applicant and the applicant's administrator as quickly as possible.

PruittHealth Partner Emergency Assistance Grant Application

(Please Print)

Name _____ Partner# _____

Address _____

City, ST Zip _____

Phone(s) (_____) _____ (_____) _____

Specific facility or office where you work: _____

Dept./Title _____ **Date Hired:** _____

Are you currently able to work? Yes No

If NO, how long have you been unable to work? _____

Your Age _____

Your Marital Status: Married Single Divorced Widowed

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

Name	Age	Relationship

Nature of the Emergency that threatens my ability to provide shelter:

- Natural Disaster (Fire, Flood, Tornado, Hurricane)
- Severe illness of a household member (yourself or other family member), with hospitalization or intensive medical assistance
- Death of a household member (including Partner)

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.

Monthly Expenses

Please be as specific as possible

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

TOTAL MONTHLY EXPENSES: \$ _____

Monthly Income *(Supporting Documentation is Required: Copies of Paystubs, etc.)*

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

I am renting I have a mortgage Other _____

Are you currently behind on any payments? Yes No

How much? \$ _____

Amount of ASSISTANCE NEEDED: \$ _____

(Supporting Documentation is Required: Copies of bills, invoices, statements, etc.)

Has there been a prior request to PruittCares? Yes No

If YES, please list date, amount and reason: Date _____ Amount \$ _____

Reason: _____

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

Example: My husband had knee surgery on April 8. He will be out of work for 8 weeks total. Our income is cut in half and we have medical bills coming in now too. We have fallen behind on the rent.

List what the funds will be used for. Please provide proof with copies of bills, payment coupons, invoices, etc. Approved invoices include: medical bills, rent or house payments, utilities bills, car note, or funeral expenses. *Monies are distributed to creditors, not applicants. If no creditor exists, no monies will be awarded.*

Have you sought help from other sources? Yes No

If YES, please describe: _____

List someone outside of your immediate household who has personal knowledge of your situation.

Name: _____ Phone: _____

Relationship: _____

General Release of Information

Applicant

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

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

Signature

Date

To Be Filled Out by Partner's Administrator*

Name *(please print)* _____ Phone: _____

Specific Pruitt Facility: _____ City, ST: _____

Signature

Date

*If your administrator is away on an extended leave, contact the Foundation for next steps.

CHECKLIST: PruittHealth Partner Emergency Assistance Grant Application

Before submitting your application, please check this list carefully. Incomplete applications will not be processed. Missing information will delay financial assistance. Please be as specific as possible.

1. Applicant information:
 - I am currently employed by PruittHealth or on an approved leave of absence and have been a PruittHealth Partner for more than 90 days.
 - I have been a PruittHealth Partner for less than 90 days. My administrator has provided a letter to accompany this application.
2. I meet the following criteria that have threatened my ability to provide shelter or medical care:
 - Natural disaster (Fire, Flood, Tornado, Hurricane)
 - Severe illness of a household member (Partner or other family member), with hospitalization or intensive medical assistance
 - Death of a household member (including Partner).
3. I have included **documentation** explaining the Nature of My Emergency:
 - 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 household member
 - Funeral service bill
 - Obituary
4. I have included **invoices/bills** with which I need assistance related to:
 - Shelter
 - Rental agreement or note from landlord with contact information
 - Mortgage payment coupon
 - Utility bill(s)
 - Medical Services
 - Medical bill(s)
 - Funeral Costs
 - Funeral/cremation bill
5. I have read and completed the *General Release of Information* section on page A-3 of the application.
 - I have chosen one of the three boxes regarding my level of confidentiality.
6. I understand that this application must be submitted by my Administrator or his/her representative.
 - My Administrator has signed this application.
7. **I have completed this application in full. All blanks are completed. All questions are answered.**

By signing below, I verify that the information provided in this document is true and accurate to the best of my knowledge. I have read the PruittCares Guidelines (page A-0) and fully understand all eligibility requirements. I give permission for a PruittCares representative to speak to my Administrator and the contact listed on page A-3.

Signature

Date