

Guidelines

Non-Employee Emergency Assistance Grant

Qualifications

1. The applicant falls into one of these three categories:
 - a. Hospice patient
 - b. Caring for a hospice patient in his or her home
 - c. Acting on behalf of a hospice patient who resides in a separate private residence.
2. The applicant is experiencing a **devastating hardship** that threatens the ability to provide shelter or medical care due to the following:
 - a. The severe illness of a household member (hospice patient or other family member), with hospitalization or intensive medical assistance.
 - b. The death of a household member.
 - c. A natural disaster including fire, flood, tornado, or hurricane

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. Social Workers 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 PruittHealth Hospice "Face Sheet" 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 application 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 social worker 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 social worker as quickly as possible.

Non-Employee Emergency Assistance Grant Application

(Please Print)

Name _____

- I am a hospice patient
- I care for a hospice patient in my home. Name of Patient: _____
- I am acting on behalf of a hospice patient who resides in a separate private residence than myself.
Name of Patient: _____

Address _____

City, ST Zip _____

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

Place of Work: _____

Dept./Title _____ How Long _____

Are you currently able to work? Yes No Retired 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:

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

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: For the past year I have stayed home to care for my mother (hospice patient). Finances are very tight with only one income now. We have fallen behind on the bills.

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 Hospice Patient's Social Worker

Name *(please print)* _____ Phone: _____

PHH Facility: _____ City, ST: _____

Signature

Date

CHECKLIST: Non-Employee Emergency Assistance Grant

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 a hospice patient
 - I care for a hospice patient in my home.
 - I am acting on behalf of a hospice patient.
2. I meet the following criteria that have threatened my ability to provide shelter:
 - Severe illness of a household member (hospice patient or other family member), with hospitalization or intensive medical assistance
 - Death of a household member
 - Natural disaster (Fire, Flood, Tornado, Hurricane)
3. I have included **documentation** explaining the Nature of My Emergency:
 - Severe illness of household member
 - PruittHealth Hospice "Face Sheet"
 - Hospital report or bill
 - Letter from physician
 - Death of household member
 - Funeral service bill
 - Obituary
 - Natural Disaster
 - Fire: Fire Marshall's Report
 - Flood or Severe Storm: pictures, insurance claim, newspaper article
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 a PruittHealth Social Worker.
 - My Social Worker 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 the Social Worker and the contact listed on page A-3.

Signature

Date