



## REQUEST FOR EMPLOYEE ASSISTANCE

### I. Qualifications

- A. The applicant is currently employed by UHS-Pruitt Corporation or on an approved leave of absence.
- B. The applicant has been employed more than 90 days (if less, a letter from the applicant's administrator must accompany the application).
- C. The applicant is experiencing a devastating hardship that threatens the ability to provide shelter or medical care due to the following.
  1. A natural disaster including tornado, flood, or fire
  2. An illness (employee or household member)
  3. The loss of a primary breadwinner

### II. Process

- A. Completed applications should be sent to the United Hospice Foundation (contact information, [www.unitedhospicefoundation.org](http://www.unitedhospicefoundation.org)).
- B. Members of the Pruitt Cares Advisory Board will respectfully and confidentially review applications. This group will uphold the following parameters.
  1. Contact the applicant or applicant's administrator for further information as needed
  2. 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
  3. Consider the total household income and other resources available
  4. Provide results of decisions to the applicant and the applicant's administrator as quickly as possible
- C. An Ambassador of Pruitt Cares will contact all applicants in order to offer emotional and spiritual support.

### III. Guidelines

- A. The PCAB reserves the right to award or refuse monies based on best judgment and available resources.
- B. Assistance is limited to \$1500 per applicant in a twelve-month period unless approved otherwise by the PCAB.



- C. Assistance above \$2,500 requires approval by the entire PCAB.
- D. Monies awarded will be sent to bill collectors rather than the applicant. The applicant may receive gift cards for food or other items as deemed appropriate by the PCAB.
- E. If a request is made as a result of an employee's poor money management, Pruitt Cares will recommend the employee seek financial counseling if a disbursement is made.
- F. Administrators should follow these guidelines.
  - 1. Work with the applicant to submit requests for assistance
  - 2. Validate the need to the best of his or her ability through signature
  - 3. Include supporting documentation (copies of recent pay stubs, applicable bills or reports) in the delivered application
- G. Applications will be processed within 14 business days barring extenuating circumstances. Requests over \$1500 may take over 30 days to process. The PCAB will attempt to expedite requests to the extent possible when deemed urgent in nature.
- H. If a request is denied, a member of the PCAB will issue a letter of denial within 30 days of application explaining the reason for denial.
- I. Decisions made by the PCAB are final.



## Request for Employee Assistance

### **IMPORTANT:**

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

### **DIRECTIONS:**

(Please read before filling out the application.)

- 1) Please complete the application. All blanks must be filled out and all questions **MUST** be answered. Incomplete applications will **NOT** be processed.
- 2) Please be specific when listing what the money will be used for. Please refer to guidelines for examples of what is considered a “crisis” and what is not. **Please be specific when listing dollar amount of assistance needed and make sure to include ALL documents that support your need.** It is required that we have copies of past-due bills, notices, pay stubs, payment coupons, etc. For example, list amounts like the following (these amounts do not reflect any monetary limitations):

Rent:	\$500.00 (include copy of lease agreement)
Mortgage:	\$450.00 (include payment coupon)
Electric bill:	\$137.42 (include copy of bill)
Food:	\$200.00 (no support documentation is needed)
- 3) On the last page of the application, please be sure to check a box letting us know how confidential you would like your information kept. An application cannot be processed without one of these boxes being checked.
- 4) A supervisor or administrator **MUST** sign the application. If you work in a nursing facility, your administrator must sign the application. If you work in an office, your supervisor must sign the application. Supervisors and Administrators can also sign applications on your behalf.

### **Please return to:**

Pruitt Cares/United Hospice Foundation  
1626 Jeurgens Court, Norcross, GA 30093  
or fax to: (678) 533-6463, Attn.: Pruitt Cares

The information you provide 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.



**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? \_\_\_\_\_

Marital Status (circle one): Married Single Divorced Widowed  
Age: \_\_\_\_\_

Please list all dependents residing in your household (not including self):

Name	Age	Relationship





**Please list what the money will be used for.** (Examples: food, shelter, clothing, medical attention, utilities, house payments, insurance payments, prescriptions, 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:

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Has your facility/office provided you with any type of assistance?    Yes    No  
 If so, what type and how much? \_\_\_\_\_

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Is there a contact person who has personal knowledge of your situation?    Yes    No  
 If yes, please provide name and telephone number: \_\_\_\_\_

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Pruitt Cares can facilitate other types of assistance as well. Please check any of the following types of assistance that you may need:

- Ministry                       Literature on Financial Planning/Budgeting



**IMPORTANT:**

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SUPPORT 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 Pruitt Cares 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.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**To Be Filled Out By Employee's Supervisor:**

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Title

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**FOR OFFICE USE ONLY**

Approved (include amount) \_\_\_\_\_

Denied \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Norcross, GA 30093  
Or fax to: 678-533-6463, Attn.: Pruitt Cares

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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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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