



REQUEST FOR NON-EMPLOYEE ASSISTANCE

One mission of Pruitt Cares is to provide financial assistance and volunteer services to Healthcare Caregivers in communities served by the United Hospice Foundation.

I. Qualifications

- A. The applicant is a healthcare caregiver living in a community served by the United Hospice Foundation.
- B. 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
- C. All applications must be filled out in their entirety and signed by the person requesting assistance or his/her representative. Please provide the name and contact information of the person who brought Pruitt Cares to the attention of the applicant.

II. Process

- A. Completed applications should be sent to the United Hospice Foundation (contact information, 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 representative 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. 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.
- G. 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.
- H. Decisions made by the PCAB are final.



Request for Non-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) On the last page of the application, there is a question that asks you how you heard about United Hospice Foundation/Pruitt Cares. You must provide the name of the individual or business that referred you to us and include a phone number for contact purposes.

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 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? _____

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

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

Name	Age	Relationship



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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 any sources necessary for verification purposes.

Signature

Date

FOR OFFICE USE ONLY

Approved (include amount) _____

Denied _____ Reason _____

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 United Hospice Foundation/Pruitt Cares and will only be shared with other parties as necessary to process your request or as you give permission.



GENERAL RELEASE OF INFORMATION

(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