

**EMPLOYEE ASSISTANCE FUND REQUEST**

*Return completed form to Human Resources, Attn: Employee Assistance Fund Committee*

**LANCASTER GENERAL HEALTH  
EMPLOYEE ASSISTANCE FUND APPLICATION**

**CONFIDENTIAL** - This form is for OFFICE USE AND STATISTICAL REPORTING ONLY and may not be disclosed except with specific written consent. Confidential information will only be disclosed without written consent if you reveal the potential of physical harm to yourself or someone else OR IN THE EVENT OF FRAUD. I understand that a copy of my application will be retained for Employee Assistance Fund records.

Name: Employee Number:	
Date of Birth:	Home Phone:
Address:	
Work Phone:	Cell Phone:
Emergency Contact Name:	
Emergency Contact Address:	
Emergency Contact Phone:	
Have you previously completed an application for the Employee Assistance Fund: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>I hereby certify that the above information and all information presented regarding my request for assistance is correct. I have read the Employee Assistance Fund eligibility guidelines within the Lancaster General Employee Assistance Fund policy and I agree that the Human Resources department shall have the right to obtain information regarding my employment status and work performance from my manager and that the Employee Assistance Fund review committee will review my application for the purpose of determining eligibility for assistance. I understand that any deliberate misrepresentation or withholding of facts will be considered fraudulent and will be grounds for disqualification.</p>	
SIGNATURE _____	DATE: _____

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## **LANCASTER GENERAL HEALTH EMPLOYEE ASSISTANCE FUND**

### **EXAMPLES OF NECESSARY DOCUMENTATION**

In addition to the application for assistance, employees requesting assistance from the EAF must submit documentation of need for the assistance. Such documentation may include, without limitation, the following:

A. With respect to a natural disaster where the request is for immediate relief including goods or items:

1. Accident report
2. Police or fire report
3. Estimates of property damage and repair costs
4. List of specific items needed

B. In the event of financial hardship:

1. Medical bills, co-payments and deductibles
2. Death certificate
3. Documentation of Monthly Income and Expenses.

Please note that if the assistance requested is relief aid in nature, such as equipment or supplies necessary following a disaster (e.g., blankets, clothing, temporary shelter, counseling services, etc.), documentation of financial need such as monthly income and expenses would not be necessary. However, Lancaster General will obtain information describing the event that resulted in the need for assistance, an itemized list of the aid provided and its value.

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### DISASTER RELIEF REQUEST

1. DATE THE CATASTROPHE/EVENT TOOK PLACE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_ HOME FIRE  
\_\_\_\_ TORNADO  
\_\_\_\_ FLOOD  
\_\_\_\_ OTHER, PLEASE SPECIFY \_\_\_\_\_
  
2. AWARDS ARE BASED ON INDIVIDUAL NEEDS. ONE OR MORE OF THE FOLLOWING SHOULD BE ATTACHED.  
  
\_\_\_\_ LIST OF NEEDED ITEMS AND ESTIMATED COST  
\_\_\_\_ RECEIPTS SHOWING EMPLOYEE'S OUT OF POCKET EXPENSES CAUSED BY THE EMERGENCY  
\_\_\_\_ IDENTIFY ANY IMMEDIATE NEEDS  
\_\_\_\_ DOCUMENTATION OF PROPERTY DAMAGE IF APPLICABLE:
  - Insurance claim papers
  - FIRE REPORT MUST BE ATTACHED in cases of home fire
  - Snapshots of the home/property showing the damage
  
3. PLEASE INDICATE ANY OF THE FOLLOWING FACTORS THAT APPLY TO YOUR SITUATION THAT WERE CAUSED BY THE CRISIS.
  - I/WE CAN'T LIVE IN THE HOME. ESTIMATED TIME FRAME: \_\_\_\_\_
  - I/WE HAVE LOST SOMETHING OF CRITICAL NECESSITY. DESCRIBE:
  - I/WE HAVE FILED A CLAIM WITH OUR INSURANCE CARRIER. AMOUNT OF DEDUCTIBLE: \$ \_\_\_\_\_
  - I/WE HAVE AN IMMEDIATE NEED. DESCRIBE:  
Estimates for repair

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### FINANCIAL DIFFICULTY REQUEST

1. WHAT IS THE EMERGENCY THAT CAUSED A FINANCIAL DIFFICULTY IN YOUR HOUSEHOLD?
2. OTHER THAN THE ABOVE EMERGENCY, HAS ANYTHING OCCURRED IN THE PAST COUPLE OF MONTHS FOR YOUR MORTGAGE, RENT, PHONE, ELECTRICITY, ETC. TO BE IN ARREARS? IF YES, PLEASE EXPLAIN.
3. HAVE YOU USED ANY MONEY FROM SAVINGS TO HELP WITH THIS EMERGENCY?
4. HAVE YOU APPLIED FOR OTHER ASSISTANCE SUCH AS UNEMPLOYMENT, FOOD STAMPS, CHILD SUPPORT, TALKED TO ANYONE AT SOCIAL SERVICES OR UNITED WAY, ETC.?

FINANCIAL ASSISTANCE IS BASED UPON NEED. PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTATION AS APPLICABLE:

- MEDICAL BILLS, COPAYMENTS AND DEDUCTIBLES
- DEATH CERTIFICATE, FUNERAL BILLS AND INSURANCE INFORMATION
- DOCUMENTATION OF ALL FAMILY MONTHLY INCOME AND EXPENSES

IS THERE ANYTHING ABOUT YOUR INDIVIDUAL SITUATION THAT THE EMPLOYEE ASSISTANCE FUND COMMITTEE SHOULD KNOW?

The decision for awarding assistance is determined by the information submitted to the Committee, and the Committee's decision shall be final. Please make sure you have included all of the pertinent details.

By signing below I acknowledge and agree that all information provided on this application and any attachments are true and correct.

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SIGNATURE

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DATE