

POLICY TITLE: EMPLOYEE ASSISTANCE FUND - FORM - EMPLOYEE ASSISTANCE FUND APPLICATION

EMPLOYEE ASSISTANCE FUND REQUEST

Return completed form to Vicky Brallier, Manager Volunteer Services, Attn: EAF Committee  
Via email @ Vicky.Brallier@pennmedicine.upenn.edu or fax to 717-544-5966

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:	Personal Email Address:
Date of birth:	Home Phone:
Address:	
Work Phone:	Cell Phone:

Have you previously received financial assistance through the Employee Assistance Fund?  
☐ Yes ☐ No

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.

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SIGNATURE	DATE:

Return completed form to Vicky Brallier, Manager Volunteer Services, Attn: EAF Committee  
You may fax to 717.544.5966 or mail to EAF Committee c/or Vicky Brallier Penn Medicine Lancaster General Hospital,  
555 N Duke Street, Lancaster, PA 17602

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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. Death certificate
  - 2. 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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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.?
- 5. WHAT IS THE DOLLAR AMOUNT THAT YOU ARE REQUESTING?

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

- 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.

SIGNATURE

DATE