

Attachment 2

The Steven A. Roberts Employee Assistance Fund Confidential Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Work Email: _____ Personal Email: _____

Department: _____ Position: _____

Manager's Name: _____ Location: _____

List every member of your household. Use additional sheets if necessary.

Name	Age	Relationship to Employee

Are you the homeowner? yes no

What kind of car do you drive? Make _____ Model _____ Year _____

What is the combined income in your household: \$ _____ per pay period/month/annually
(circle appropriate time)

Describe the emergency. List dates and times. (Use additional sheets if necessary)

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If property damage, do you have homeowner's or renter's insurance? Yes or No

Have you used all available sick or vacation time? Yes or No

In the event of fire or natural disaster (i.e. flood, hurricane, or tornado) you must first apply for aid from a relief organization, such as the American Red Cross, Salvation Army, FEMA, or similar programs. Please list and provide proof.

Total amount requesting from the Fund: \$ _____

Attach a copy of each bill, estimate, notice, etc.

I certify that the above information is true and correct. I understand that funding will be provided based on the funds available at the time of the request. I understand all completed requests are reviewed in the order in which the Fund Review Panel at the Planning Council receives them.

Applicant Signature: _____ Date: _____

To Be Completed by The Planning Council

Action Taken:

Funded Amount: \$ _____ Funding Date: _____

Check Request Processed: _____

Date Applicant Notified: _____

Recorded and Filed: _____