



**Sisters of St. Francis  
Emergency Assistance Fund**

The purpose of *Sisters of St. Francis Employee Emergency Assistance Fund* (EAF) is to provide up to \$1,500 in emergency financial assistance to employees who are faced with unexpected, serious financial crises. .

A full time or part time employee is eligible to seek assistance through EAF if they have been employed for six months, are currently in good standing with the organization, are in need of financial help, and have no other resources. Per Diem employees are not eligible.

The EAF is not intended for those with long-term financial problems, but rather for appropriate short-term emergency situations. Refer to Emergency Assistance Fund policy 180 for more details.

Directions:

1. Complete this form.
2. Deliver or fax the completed form to your facility's Human Resources Department.

**PLEASE ANSWER EVERY QUESTION ON THIS APPLICATION**

**EMERGENCY ASSISTANCE FUND APPLICATION**

CHI Franciscan

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

Employee Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Single: \_\_\_\_\_

List Ages of Dependents (Do not include yourself): \_\_\_\_\_

**EMERGENCY ASSISTANCE FUND APPLICATION**

**Employment Information** *(please print):*

Facility: \_\_\_\_\_ Department: \_\_\_\_\_

Title: \_\_\_\_\_ Cost Center: \_\_\_\_\_ FTE: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Manager's Extension: \_\_\_\_\_

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**Total Household Income: \$** \_\_\_\_\_

*(wages, federal or state assistance, child support, alimony)*

Why are you asking for assistance? *Please be specific and describe the emergency that is causing you to request assistance:*

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What are you requesting? *Please be specific, list what you need help with and how much you will need. Please attach copies of bills – requests cannot be processed without documentation.*

<b>What you need assistance with:</b>	<b>Amount</b>
<b>Example:</b> Puget Sound Energy – Utilities	\$310.45

*Prior to seeking assistance through the EAF, you must cash out all but two (2) shift days of PTO accruals when receiving an EAF award. (For example, if you work a 10 hour shift, you will be allowed to keep 20 hours in your PTO bank when receiving an EAF award; 24 hours for a 12 hour shift employee; 16 hours for an 8 hour shift employee.)*

Have you accessed your PTO/Accruals Cash Out Option? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_ How many hours were cashed out? \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to the Human Resources Department at your facility.** If you have questions regarding this application or the status of your request, please contact the Human Resources Department at your facility.