

**St. Luke's Employee Crisis Fund**  
**Financial Assistance Application Request**

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Employee ID# \_\_\_\_\_ Position \_\_\_\_\_ Department \_\_\_\_\_

Contact Information/Phone \_\_\_\_\_ Date of Hire \_\_\_\_\_

Referred by \_\_\_\_\_

**Explanation For Financial Request:**

Natural Disaster (House Fire, Flood, etc.)  Death  Critical Illness/Injury  
 Other (Explain) \_\_\_\_\_

**Financial Support Need For:**

Housing  Utilities  Food  Other (Explain) \_\_\_\_\_

Company name, address, account number for financial assistance requested  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of financial assistance requested for the above \_\_\_\_\_

• **Attach supporting documentation for the above requested**

**Other Resources**

List resources exhausted to help remedy/resolve the need and/or circumstances for this emergency \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other income/financial resources are available to contribute?  
(Example: Savings, loan, 401 K, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Have you contacted the Employee Assistance Program? (1-800-413-8008)  Yes  No  
Have you received financial assistance from the Crisis Fund before?  Yes  No  
Are you currently on Corrective Action Warning(s)?  Yes  No

**Return to:**

Human Resources, Suite 230 South, Attention: St. Luke's Employee Crisis Fund