



# Employee Assistance Application Form

Through Hope Lives Here employee assistance fund, Good Samaritan Hospital Association employees help fellow employees in times of need. Financial assistance is provided through direct payments to medical facilities, healthcare providers, utility companies, landlords, businesses, credit card companies, etc. Assistance also may be awarded in the form of gift cards to reimburse documented travel expenses. *Payments are not made directly to employees.*

**Employee instructions:** (1) Complete the entire application. (2) Attach copies of statements, invoices, and/or receipts to document expenses related to the incident described in your request. (3) Sign the application. (4) Submit application and copies of bills to your direct supervisor.

**Supervisor instructions:** (1) Review the application and make sure expenses to be paid are documented and the organization/person to receive payment is clear. (2) Sign the application and submit to the GSHS Foundation Director for forwarding to the Hope Lives Here committee.

**Applicant name** (please print): \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Preferred phone number:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**How long have you worked for the Good Samaritan Hospital Association?** \_\_\_\_\_

**Type of Request** (select one):

- \_\_\_ Medical expenses (up to \$1,200)
- \_\_\_ Personal tragedy expenses (up to \$1,200)
- \_\_\_ Personal hardship expenses (up to \$1,000)
- \_\_\_ Bereavement expenses (up to \$750)
- \_\_\_ Other (please describe) \_\_\_\_\_

**Important note:** Amounts listed do not guarantee funds will be awarded. Complete applications are reviewed within 2 to 10 days of being received.

**Amount requested:** \_\_\_\_\_ **Bills or verification are attached** (circle one): **Yes** **No**

**If bills are not attached, please explain why not:** \_\_\_\_\_

**Explain in detail the incident(s) related to this request and how funds will be used?** (Attach page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor name** (please print): \_\_\_\_\_ **Email:** \_\_\_\_\_

**Supervisor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HLH committee comments:** \_\_\_\_\_

**Amount approved:** \_\_\_\_\_