Employee Emergency Assistance Program Information Form

**Hardship Case**

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?  ___Yes  ___No  If yes, please explain.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. Are there any other circumstances you would like for the committee to know about that have contributed to your financial difficulties?_____________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. Do you have a savings account?  ___Yes  ___No

5. Have you used any money from savings to help with this emergency?  ___Yes  ___No  ___N/A

6. Have you applied for other assistance such as unemployment, food stamps, child support, to talked to anyone at Social Services or United Way, etc?  ___Yes  ___No

7. If you answered **Yes**, what did you apply for and what were you told?  If **No**, why not?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

8. Have you already or are you willing to reduce your living expenses (rent, car payments, cable T.V., cell phone, etc) if possible?  ___Yes  ___No

9. Explain your answer. _________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

10. Social Worker comments.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

All information given will be kept in the strictest of confidence and will be considered by the Employee Emergency Assistance Committee in order to assist you. A decision by the Committee will be made on the information you have given so please give details and any other pertinent information you may have.