RIVERSIDE
PARTNERS IN CARING

CONFIDENTIAL Assistance Request Form

Please inform us of your individual need, a fellow employee and his or her family's need or a unique patient need with which we can assist. Our commitment is to keep this information confidential, though discussion within a small disbursement committee is necessary to approve the needed funds. Riverside's Partners in Caring provides financial assistance to employees and their families who have experienced a crisis situation in their lives.

Name: _____

Address: _____

City, State, Zip Code: _____

Mailing Address (if different from street address): _____

_____

Phone: _____

Are you a current employee of Riverside Healthcare? ____Yes ____ No

Department: _____ **Hire Date to Riverside**: _____ **# of Dependents**: _____

Are you a relative of a current Riverside Healthcare employee? ____ Yes ____ No

If yes, the name and department of relative: _____

Have you ever applied for assistance from Partners in Caring before? ____Yes ____No
Note: You may only apply for assistance once in a 12-month period

Please check the qualifying reason for your request. Attach documentation to provide proof of hardship (ex: eviction notice, disconnection notice for electricity, gas, etc…)

☐ **Natural disaster such as fire, flood or tornado which results in a severe financial hardship.**

☐ **Illness or death in your immediate family that results in severe financial hardship.**

☐ **Loss of income due to spouse's death, divorce or spouse losing his/her job which creates a severe financial hardship.**

PRIMARY REASON FOR THIS REQUEST: (Please include as much information as possible. Applications will be returned if inadequate information is provided)

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Has any other organization assisted you regarding this particular request?
____ Yes ____ No

If yes, please provide information as to which organization and the amount:

Organization: _____ Amount: _____

Please describe what process you or others have gone through to seek funds from other individuals or organizations. Are other individuals or organizations considering providing assistance?

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***Please return this application along with necessary documentation to the Foundation office, Attention: Jenna Charles or Lynn Christian in REACH/Employee Wellness. ***