Crisis Relief In Situations Involving Staff

C.R.I.S.I.S.

employees helping employees

Staff Senate
Positive Change, Powerful Voice.

Application for Assistance

Application Instructions: Applications will be reviewed by the CRISIS Program Committee that is solely responsible for determining eligibility. Assistance is based on available funding. If funding is not available, the application will not be accepted, and eligible employees may re-apply at a later date. The applicant is expected to seek outside sources of funding prior to submitting an application to the program. Documentation is required for all requests for each vendor. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Employee Name _____   Employee Number _____
               First   Middle   Last

Home Address _____   Phone/Cell Number _____

Email Address _____   Employee Department _____

Preferred form of contact is: phone   email

List other household assistance-based income sources and amounts, such as Temporary Assistance for Needy Families, Food Stamps, Social Security, etc.

_____
_____
_____
_____
_____
_____
_____
_____

<u>Have you applied to the Staff Shared Leave Pool Program?</u>   Yes   No

_____

If this is related to a late bill or rent, have you requested extensions from the company(s) or landlord?

_____
_____
_____

Type of Need: Rent/Mortgage   Utility   Medical   Other (Specify) _____

Supporting documentation such as a Notice of Eviction, Shut-off Notice, Late Notice, Documentation of Leave without Pay, Pay Stubs Indicating Use of Sick Time, etc., must be attached for the application to be considered.

Describe justification for assistance (use second page of form, if necessary):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

TOTAL AMOUNT REQUESTED $_____

I, the undersigned, have read and understand the Crisis Relief in Situations Involving Staff and Faculty (CRISIS) program guidelines and state the information provided is accurate to the best of my knowledge, and I also understand information provided shall be verified.

_____   _____
Signature   Date

Submit applications to crisisprogram@uky.edu

Rev
6/27/2023