

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. Completion of a financial counseling session is required in order for assistance to be granted.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Employee Name				Employee Number				
. ,			Middle					
Primary Address					_ Phone/Cell Number			
Trilliary Address								
		_						
City		_ State _	Zip code _					
Email Address					Employee Department			
Preferred form of co	Preferred form of contact is: ☐ Phone ☐ Email Have you applied to CRISIS before ☐ Yes ☐ No							
					,			
List other household assistance-based income sources and amounts, such as Temporary Assistance for Needy								
Families, Food Stamps, Social Security, Child Support, etc.								
Have you applied to the Staff Shared Leave Pool Program?								
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If this is related to a late bill or rent, have you requested extensions from the company	(s) or landlord?							
To a filter of Decision of Dec								
Type of Need: ☐ Rent/Mortgage ☐ Utility ☐ Medical ☐ Other (Specify)								
Supporting documentation such as a Notice of Eviction, Shut-off Notice, Late Notice, Docume 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):								
L.————————————————————————————————————								
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								
For Administrative Staff Use Only Approved Denied Payment								
Program Liaison: Date: Office Coordinator	Date:							