

STAFF HELPING STAFF

Due Date: The 15th of every month

You will hear about your application status after the committee meets to review the application, generally within a week following the 15th of each month.

Emergency Assistance Fund Application

Personal Data: (All information will remain confidential. All personal information will be redacted prior to submission to committee for review of the application)

Employee's Name _____ Date _____

Employee's ASU ID # _____ Last Four Digits of SS# _____

Home Address _____

City _____ Zip _____ Phone # _____

Email Address _____

Home Phone _____ Mobile Phone _____

Some Examples (but not all) of an unforeseen emergency:

1. Critical injury
2. Serious illness
3. Natural disaster
4. Death of an immediate family member (as defined by the University)
5. Domestic violence

Events not covered by the Staff Helping Staff Fund

1. Chronic debt or sustained financial short-falls
2. Legal fees or fines (garnishments)
3. Any event that is a result of illegal activity committed by the staff member or their dependents

Criteria

- This is open for all ASU Benefits-eligible employees
- Employed in a staff position with ASU for a minimum of one year
- Have not received funds from Staff Helping Staff two years prior

The ASU Staff Council Staff Helping Staff Fund (SHS) was established to help ASU Staff needing assistance in the event of an unexpected emergency. The amount of funds available to distribute can vary and is limited. Therefore, the total amount given will generally not exceed the \$600 mark. Not all requests will be funded or funded in full.

Monthly Household Income (gross & net):

Monthly Expenses: Please complete to the best of your ability.

Monthly Expenses	Estimated Monthly Payments	Amount Currently Overdue	Total Due
Mortgage/Rent			
Utilities			
Automotive			
Credit Card/s			
Food and Household Necessities			
Childcare/Elder Care			
Entertainment			
Educational			

Medical Expenses: Please list any medical expenses in the box below and any amount that is past due.

What are you requesting to be paid?

Debt: _____

Amount: _____

Name of company check will be made out to*:

*Please note that our Staff Helping Staff Fund will not pay the employee directly. This fund is designed to help pay a bill for you. By way of example, you ask for funds to assist with car repairs, the check will be made out to the company that fixes the car, not the employee. If necessary at the time of award, more information may be requested. It will be the responsibility of the employee to assist with processing payments, including helping the committee to obtain a W-9 form from the company being paid.

Also provide a statement explaining why you need the funds:

Please type or print legibly on a separate 8 ½ X 11 piece of paper. Please share copies of bills or statements that reflect the costs that you are seeking assistance with (such as utilities, rent/mortgage payment or doctor/hospital bills). In order to help the committee understand the need please explain to us what has transpired or how this became an unexpected emergency.

Application Submission:

All applications are due to the Employee Assistance Office by the 15th of each month. The committee will make every attempt to convene within a week of this due date to review applications. The Employee Assistance Office will notify all applicants on the status of their application.

Completed applications should be submitted to Staff Helping Staff/EAO in the following ways:

Please contact us to submit application via Email.

For questions call: 480-965-2271

Fax: 480-727-7775

Inter Campus Mail: Staff Helping Staff/EAO
MC 5705

Hand Deliver: Employee Assistance/SHS
(Office hours 9 to 5) University Towers, Suite 101
525 S Forest Ave
Tempe, AZ 87287-5705

US Mail: Employee Assistance/SHS
P.O. Box 875705
Tempe, AZ 82587-5705

Your signature below signifies that:

1. All information provided by me is truthful.
2. I understand the application process.
3. I release the ASU Staff Council and persons administering the program from liability or harm.
4. I know that my application will be denied if all required information is not provided.
5. The Employee Assistance Office and the ASU Staff Council Scholarship Committee has my permission to verify information in my application.

Applicant

Signature

Date

To protect personal information received any and all staff involved in the process of awarding funds in this program shall comply with all University Rules and Policies and Procedures as outlined in the University’s Polices and Privacy Statement.

Approved: 8-31-15 shp