

EMPLOYEE ASSISTANCE FUND REFERRAL FORM

Recipient Information (self or co-worker):

First Name: _____

Last Name: _____

Job Title: _____

Department: _____

Phone Number: _____

E-Mail: _____

Home Address:

If, because of a catastrophe, you cannot receive mail at your home address, please provide a different mailing address:

Marital Status (Circle One): Single Married Divorced/Separated Widowed

Have you applied for this funding before? Yes No If yes, date applied: _____

Check the type of hardship event:

___ Accident ___ Death of employee, spouse, partner, or child ___ Acts of nature/declared disaster

___ House fire ___ Long-term illness ___ Other (please explain below)

Please provide any information that would help us in understanding the circumstances regarding this application:

