

**St. Joseph's Healthcare System
Mission Services
Emergency Relief Fund Intake Form**

The Emergency Relief Fund (ERF) provides a one- time confidential assistance to all current full time (40 hrs/wk) or part time (20hrs/wk) hospital employees that are experiencing extenuating circumstances due to financial hardship. To apply, employees must have successfully passed their introductory period and be free of any formal disciplinary actions within the last 6 months.

To apply for assistance, complete this form and return to Valarie Arrabito, Executive Assistant, 2nd floor Administration, Room V2007 in person or via e-mail to arrabity@sjhmc.org.

After submitting the form, the request will be reviewed by the Employee Relief Fund Committee, a decision will be made and the employee will be contacted as to the Committee's decision. For any questions, please contact Val at 973-754-3016.

Name: _____ Date of Hire: _____

Location (circle one): St. Joseph's University Medical Center/ St. Joseph's Wayne Medical Center / St. Joseph's Healthcare and Rehab Center

Department: _____ Position: _____

Part time/Full Time/ Per Diem _____ Hours per pay period: _____

Have you requested assistance from the ERF in the past? _____
If so, when? _____ How much was granted? _____

Contact information (phone or e-mail) _____

Amount you are requesting: _____

Reasons for request: Please describe your present financial situation including all your sources of income. Why are you experiencing financial difficulty at this time? What has caused the situation? What are the challenges?

Note: If your request relates to utility or rental bills, documentation of need must be submitted along with this form.

By signing this form, I acknowledge that if it is deemed helpful to me, there is a possibility that I will be asked to participate in a free, confidential Financial Counseling Session with ComPsych. I understand that if I participate in this session, St. Joseph's will have no knowledge of the details of the session other than confirmation that I participated in the session or sessions.

Print Name: _____ Date: _____

Signature: _____ Date: _____