ESKENAZI HEALTH

Colleagues Care Program Application

Please complete the following application and email it to HRColleaguesCare@eskenazihealth.edu. A committee will decide if the application meets the program requirements and determine the monetary amount the applicant is eligible to receive (not to exceed $500). Please note, if awarded, Eskenazi Health will pay the creditor directly, not the employee. All decisions made by the committee are final.

Date of request: _____ **Employee ID number:** _____

Date of hire: _____

Mailing address: _____

Home phone number: _____

Mobile phone number: _____

Amount requested not to exceed $500: _____

Please list the following bills you have requested in order of importance and attach a copy of your most recent bills.

Creditor	Amount

In as much detail as possible, please list your reason for applying for assistance:

Is this request due to unemployment of a spouse or other provider? ○ **YES** ○ **NO**

If yes, how long has this person been unemployed? _____

Have you requested assistance from other organizations? If so, please name them.

Was assistance granted? ◯ YES ◯ NO ◯ PENDING

Are you willing to enroll in the Employee Assistance Program for financial counseling? ◯ YES ◯ NO

Income sources	Last 12 months	Next 12 months (projected)
Spouse/significant other		
Self employed		
Social Security		
Alimony		
Child support		
Military allotments		
Pensions		
Public assistance		
Interest/dividends		
Employee income		

Expenses	Monthly payment amounts
Rent/mortgage	
Water/sewage/trash	
Gas	
Electricity	
Car payment	
Pharmacy	
Alimony	
Child support	
Phone	
Repairs	
Fuel	
Other/credit cards/loans	
Internet/cable	
Food	

Any assistance received will be included as taxable income to the employee.

Please note: If you are requesting assistance for bills, please enclose a copy of the most recent bill with your application. If you are requesting assistance on more than one bill, please prioritize them, attaching the most important bill on top. Please provide any other supporting documentation that you feel may assist the committee in making a decision.

Please call Eskenazi Health Human Resources at 317.880.3344 should you have any questions.