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| **Legacy Employee Assistance Fund (LEAF) Application****Before completing this LEAF application, please read the Frequently Asked Questions for eligibility details. Limit one application per employee household/ per emergency. Email your completed application (and any supporting documentation as indicated below) to** leaf@legacycommunityhealth.org. |
| **APPLICATION INFORMATION** |
| **Full Name:** |
| **Employee ID (SimplyWork #):**  |
| **Legacy Work Location:** |
| **Date of Loss:**  |
| **Home Address:**  |
| **City, State, Zip:**  |
| **Email:** |
| **Phone Number:** |
| **Are any other Legacy employees living in your household? Yes**[ ]  **No**[ ] **If yes, please list their name(s) and employee ID number(s):**  |
| **If your LEAF application is approved, a check will be sent to you. Please indicate where you would like the check mailed. You may also use your work location.**  **Enter Mailing address here** **\*\*LEAF awards will be mailed as a separate check. Funds from cashed-in PTO hours will be included in your regular paycheck.** |
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| **PTO CASH-IN OPTION** |
| [ ]  **I want to cash in** \_\_\_\_ **hours of my remaining PTO balance.**[ ]  **I do not want to cash in any PTO hours.** |

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| **STATEMENT OF LOSS** |
| **Did you have to obtain temporary housing because your primary home or primary residence is uninhabitable? Yes**[ ]  **No**[ ]  |
| **Describe your property loss and the circumstances that led to your loss.****Please limit your response to 200 words or less.** |
| **If approved, how will the LEAF award be spent? Please include an estimate of the cost of any temporary shelter, food or other basic needs required as a result of this loss.** **Please limit your response to 200 words or less.**  |
| **Please provide any additional information or comments that would be helpful in reviewing this LEAF application. Attach supporting documentation as listed below or photos when submitting this completed form to** **leaf@legacycommunityhealth.org****.**  **Please limit your response to 200 words or less.** |

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| **CERTIFICATION** |
| **I certify that the information provided in this LEAF application is accurate and that my hardship is genuine. I understand that any intentional misrepresentation of information contained in this application will result in forfeiture of LEAF and an ineligibility to request LEAF assistance in the future.****Type your name in the box to serve as a signature certifying the information above.** |
|  | Your name here  |  |

**SUPPORTING DOCUMENTATION REQUIRED:**

* Documents describing the financial need (i.e. eviction notice, disconnect notices, insurance claims, fire reports, applicable bills, etc.) pertaining to the emergency situation;
* A copy of the employee’s two most current bank statements from all bank accounts with all but the last four (4) digits of each account number marked out;
* Child support documents (if applicable), including any records of non-payment;
* A printed copy from Employee Self Services, of the employee’s most recent pay stub detail; and
* A printed copy, from Employee Self Services, of the employee’s most recent paid time off balance.