



HEART OF AMERICA
HOPE LIVES HERE

Employee Assistance Application

Through the Hope Lives Here program, Good Samaritan Hospital Association employees help fellow employees in times of financial need. Assistance is offered for medical bills, utilities, housing, and other financial hardships.

Instructions for the Employee

1. Complete the entire application.
2. Attach copies of your invoices, statements, other receipts, or relevant documentation which are described in your request.
3. Sign the application and submit it to the Foundation Director's Office.
NOTE: You are not required to notify your supervisor or manager of this application.

Applicant Name (Print): _____

Email Address: _____

Phone Number: _____

HAMC Department: _____

HAMC Employment Start Date: _____

Type of Request:

Medical Expenses: ____

Personal Hardship: ____

(Defined as an unexpected life event that creates an immediate or urgent financial need).

Bereavement Expenses: ____

Amount Requested: \$ _____

(You may request actual expenses up to \$1,200. The requested amount does not guarantee funds will be awarded. Applications will be reviewed within ten business days of receipt of a complete application.)

Bills or Documents Included? Yes: ____ No: ____

If no, please explain: _____

Explain in detail the circumstances that created your need and request for assistance, and how the funds will be used (Attach a page if needed).

Applicant Signature: _____ Date: _____

Applicant Name (Printed): _____

For Hope Lives Here Committee Only

Approved: Yes: No:

Committee Comments:

Hope Lives Here Committee Chair Signature

Form Created 10/2022