

EMERGENCY RELIEF APPLICATION

Name of individual _____

Chapter Name _____

Disaster Relief Request

Catastrophic Illness

Briefly describe the reason for the request. If the request is for you, include the period of time off work not covered by sick leave or vacation. If the request is for another family member indicate how it impacts your finances. Describe the amount of damage from fire, earthquake or flood and how it impacts your living conditions. Include anything you think would help the committee chair make a decision.

Are you out of vacation leave? _____ Does your employer have leave sharing? _____
Are you out of sick leave? _____ Have you applied for leave sharing? _____

Amount requesting \$_____ **Note: Requests for rent and living expenses are ineligible.**

Funds will be used to pay for: _____

Chapter Officer requesting aid:

Mail check to:

Printed Name _____ Name _____

PSE office held _____ Address _____

Signature _____ Address _____

Phone number _____

Fax form to 253.876.7409 or email emergencyrelief@pseofwa.org

Approved: _____ Denied: _____

Amount: _____ Reason: _____

Date: _____

PSE EMERGENCY RELIEF PROGRAM

This is a permanent program within PSE at the state level that provides emergency assistance to members in need due to catastrophic illness or disaster. It is supported by member contributions through chapter donations and fund-raising efforts. In addition, the PSE Board of Directors may at its discretion set aside some general revenues to support this fund.

Disasters:

Disasters that qualify are such things as flood, fire or earthquake. Living conditions must be disrupted. Insurance deductibles do not qualify.

Catastrophic Illness:

Catastrophic illnesses must be severe in nature. The health condition should bar the individual from working for an extended period of time not covered by sick or vacation leave. Individuals with L&I claims are not eligible. These funds may be used for expenses related to funeral costs.

The committee chair evaluates requests and makes awards of up to \$500 if the person making the request meets the following criteria:

1. Individual receiving assistance must be an active PSE member in good standing.
2. Member may apply for assistance only for self or for immediate family members. If an immediate family member, it must directly impact the financial situation of the member.
3. May only receive assistance once in a twelve month period.
4. Extenuating circumstances will be considered on an individual basis. However, **requests for strictly financial difficulties are not eligible.**

Process:

Form should be signed by a chapter officer and faxed to 253-876-7409 or emailed to ***emergencyrelief@pseofwa.org***. It will be reviewed by the Committee Chair who will call the chapter officer to verify the situation. If the request is denied, a letter will be sent to the member or the chapter officer making the request with an explanation of the denial. If the request is approved, a check will be cut and sent with a letter to the member with a copy to the chapter president.