

The Geneva Foundation of Presbyterian Living

Employee Emergency Need Fund

The **Employee Emergency Need Fund** may provide **limited financial help** to employees facing a sudden emergency.

Who Can Apply

- Current full-time or regular part-time Presbyterian Living employees
- Employed for **at least 6 consecutive months**

What the Fund Helps With

Financial help for **essential expenses caused by a sudden emergency outside your control**, such as:

- Fire or natural disaster (flood, tornado, etc.)
- Serious illness or injury to you or immediate family member (spouse, child)
- Disability to you or immediate family member (spouse, child)
- Death of an immediate family member (spouse, child)

The situation must be **temporary and short-term**. (*The aim is to get you back on your feet*). This fund is **not intended for ongoing financial difficulties**.

Grant Limits

- Up to **\$2,000 per emergency**
- **One grant per 12-month period**
- Maximum of **three grants during employment**

Funding is **not guaranteed** because the program is supported by donations.

How Requests Are Reviewed

- Applications are reviewed **confidentially** by an employee committee
- Decisions are based on **sudden, severe financial hardship caused by a specific event**
- Decisions are **not influenced by job role or position**

Need Help or Want to Apply?

Call confidentially:

- **Geneva Foundation:** (847) 979-3922
- **Human Resources:** (847) 979-3933
- **Online Request Form:** is available at PresbyterianLiving.org/Foundation

Additional Support Resources

Illinois Crisis Assistance Program / SNAP
866-324-5553
dhs.state.il.us

ComPsych (Employee Assistance Program)
866-899-1363
GuidanceResources.com

Catholic Charities – Food & Basic Needs

312-655-7700

National Alliance on Mental Illness (NAMI)

800-950-6246

nami.org/help

Catholic Charities – Housing Assistance

847-782-4000

Cook County: 312-744-5000

Lake County: 877-426-6515

Law Center for Better Housing (Renter's Rights)

(312) 347.7600

LCBH.org

To apply:**1. Complete the Request Form**

- The form is confidential and can be found in the Geneva Foundation office, your campus Human Resources office, or online at **PresbyterianLiving.org/Foundation**.
- A co-worker who knows your situation can also submit the request for you.

2. Include Proof of Your Need

- Attach documents that show your situation (e.g., accident or police reports, bills).
- You must provide financial information. The fund can only cover documented needs.

3. Quick Review Process

- The Committee will review requests as quickly as possible.
- A confidential interview with Human Resources may be needed to better understand your situation.

4. Decision Timeline

- Standard requests: within 2 weeks.
- Urgent emergencies: within 72 hours.
- If more information is needed, Human Resources will contact you.

5. Where to Send Your Request

- Place the completed form and documents in a **CONFIDENTIAL envelope**.
- Mail or deliver to:

**Lisa Schiro, Geneva Foundation of Presbyterian Living, 8707 Skokie Blvd, Suite 400,
Skokie, IL 60077**
- You may also leave it at your campus Human Resources office for forwarding.

6. Receiving Funds

- Approved requests will be paid by check to the address on your form.

7. Important Notes

- This fund is for urgent, one-time emergencies—not ongoing expenses.
- Awards do **not** need to be repaid.
- Some funds may count as taxable income.

The Geneva Foundation of Presbyterian Living

Employee Emergency Need Fund Request

Date of Request _____ Employee Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone with Area Code _____ Work phone _____

Email Address _____

What Community are you employed at: LFP _____ TM _____ WP/1020 _____ CORP _____

Date of Hire _____ *(one must be employed at least six consecutive months at Presbyterian Homes)*

Employee ID _____ Department _____ Shift _____

Current Marital status: Single _____ Married _____

Current living situation: Own home _____ Renting _____

Please list individuals who reside in the household and how much they pay towards household expenses. *This is a requirement for the request – if this is not answered – the request will be returned to you.*

Relationship: (spouse, grandchildren, roommate, etc.) <i>Do not provide any names</i>	Amount contributed to household
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Relationship _____	\$ _____
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Relationship _____	\$ _____
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Relationship _____	\$ _____
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In signing below,

I agree that the information in this request is true and correct to the best of my knowledge. I understand that the application will not be considered for financial assistance if it is found to contain misleading information

I authorize the Committee and Human Resources to verify my employment, PTO and earnings.

I understand that the Committee will take every reasonable measure to protect my privacy.

I agree to provide additional information that may be requested by the Committee.

Signature _____

Print Name _____ Date: _____

Please briefly describe the situation that created your current financial hardship.

Include the type of expenses involved and any key details that will help the review committee understand the situation.

How long do you expect this hardship to last?

If the situation has caused you to miss work, please include the dates and note whether PTO was used.

Have you used personal savings or other assets to address this emergency?

If so, please describe what resources have already been used.

When do you need assistance to address this expense?

Please include any payment deadlines if known.

Will any portion of this expense be covered by insurance or another source?

If yes, please describe the coverage and any deductible or out-of-pocket amount.

Which bill or expense is the most urgent at this time?

If your request relates to rent or housing costs, is there currently a risk of eviction or housing loss?

Have you previously applied for assistance from the Employee Emergency Need Fund?

If yes, please indicate approximately when.

If this request cannot be fully funded, are there other resources or options available to help address the expense? (Examples might include payment plans, family assistance, community resources, etc.)

Is there anything else you would like the review committee to understand about your situation?

This section is optional, but additional context can help the committee fairly evaluate your request.

Send this completed application and attachments in a CONFIDENTIAL envelope to:

The Geneva Foundation of Presbyterian Living
Lisa Schiro, Vice President, Development & Fundraising
8707 Skokie Blvd., Ste. 400, Skokie IL 60077
Or through email: LSchiro@presbyterianLiving.org
(847) 979-3922