

Pantex Guards Union



APPLICATION FOR ASSISTANCE

Name: _____

Address: _____

City: _____ Phone: _____ Cell: _____ E-mail: _____

Date of Hire: _____

Married If married, is spouse employed? _____

Single

Number of Children: _____ Ages: _____

Children Needing Day Care: _____

Special Needs (Medical or Otherwise) _____

What is your most pressing need?

Medical Insurance _____

Have you looked for Supplemental Insurance? _____

Food _____

Bills _____

What do you estimate your financial need to be? \$ _____

Have you looked for work? _____

If yes, what was the outcome? _____

Comments:

Although we would like to help everyone, we have a limited amount of resources available which will have to be prioritized based on the most pressing (possibly life threatening) needs. The more detailed your explanation for assistance, the better the committee will be able to evaluate your request based on your needs and the needs of others.