

Plano Independent School District Employee Crisis Fund Application Instructions

The Employee Crisis Fund is a source of financial assistance to Plano ISD employees who are facing an emergency situation and are not able to handle immediate short-term financial obligation(s) associated with the crisis. The Crisis Fund is funded by the Plano ISD Education Foundation (“Foundation”) and coordinated through the Benefits and Risk Management department.

Examples of crisis events may include medical emergency, death in the family, involuntary loss of employment, fire or other natural disaster. **Eligible expenses** are considered basic needs for living or getting to work, such as mortgage or rent, utilities, medical, or car payments. **Non-eligible expenses** may include items such as tuition or school fees, tickets, tolls, fines, taxes, TV, internet, cell phone service, animal care, or payroll advance.

Eligibility requirements:

- You are currently a Plano ISD employee at least 50% FTE (excludes substitutes/temp workers), have been so for at least 1 year, with the expectation of continued employment
- You have not been approved for funding within the last 3 years, and you have not reached the lifetime maximum of 3 applications already approved for funding

Application requirements:

- A complete application must be submitted to the Benefits and Risk Management department, including:
 - Application Form with responses to all questions, completed monthly budget page, completed creditor detail page, signed and dated by employee
 - Documentation/proof of the crisis event, and that the event occurred within the last 90 days
 - Copies of bills, invoices, statements or other documentation to support the funds being requested on the creditor detail page
 - Any other documentation to support the application
- Items may be submitted by email, fax, mail, or in-person:
 - Email crisisfund@pisd.edu
 - Fax 469-752-8036
 - Mail/In-person: PISD Benefits Department, 6301 Chapel Hill Blvd, Plano TX 75093
- You may only submit one application per crisis event. Therefore, you must submit all information and documentation with your application. Once the committee reviews the application and makes their decision, no additional documentation or information will be accepted for review.

Understand the process:

- After your completed application is submitted, it will be reviewed by a committee. Approval is not guaranteed.
- It can take 10-15 business days for a decision on your application, and you will be notified of the outcome.
- The committee’s decisions are final and cannot be appealed.
- If your application is approved, funding amounts will be at the discretion of the committee, will not exceed \$3,000, and will be paid directly to creditors, not to you.

Our **Employee Assistance Program (EAP)** provides information and assistance regarding financial matters, including budgeting and debt collection. Please take advantage of this resource by calling 1-800-424-1841 or online at Member.MagellanHealthcare.com

We encourage you to seek assistance from **community resources**. You can search available resources on our website at <https://www.pisd.edu/Page/20674>

If you have any **questions**, please contact us at crisisfund@pisd.edu or 469-752-4753.

Plano Independent School District Employee Crisis Fund

APPLICATION FORM

Date of Application: _____ Employee ID #: _____

Employee Name: _____

Phone: (home) _____ (work) _____ (cell) _____

Home Address: _____

Email: _____

Campus/Department: _____

Immediate Supervisor: _____

Position: Teacher Administrator Paraprofessional Other: _____

Length of Service with Plano ISD: _____

Have you applied for funds from the Crisis Fund previously? _____

If yes, please state the month and year: _____

Was that application approved for funding? _____

Do you have medical insurance? _____

List all members of your household:

Name	Relationship	Age

Incomplete applications or applications that do not meet the eligibility requirements will not be considered for funding.

1. Select the category of the crisis event:
 - Medical Emergency
 - Death of Family Member
 - Fire/Flood/Natural Disaster
 - Other Catastrophic or Extreme Circumstances
2. Date the crisis event occurred: _____
3. Please describe in detail the reason for the request and the crisis situation that has occurred.

4. Explain whether insurance (property, rental, vehicle, medical, etc) will cover any part of this emergency situation.

5. Have you contacted any community resources (link provided on instructions page), and what did they recommend and/or provide?

Incomplete applications or applications that do not meet the eligibility requirements will not be considered for funding.

6. Provide information regarding the specific creditor(s) and financial amount(s) for which you are requesting assistance. **Bills, invoices, or statements for each item below must be submitted with your application.**

Note: The fund is not intended to handle all expenses related to an emergency situation. It is intended for short term financial assistance in areas where you have fallen behind.

Creditor Name	
Creditor Address	
Type of Expense	
Payment Amount	
Due Date	
Account Number	
Creditor Name	
Creditor Address	
Type of Expense	
Payment Amount	
Due Date	
Account Number	
Creditor Name	
Creditor Address	
Type of Expense	
Payment Amount	
Due Date	
Account Number	
Creditor Name	
Creditor Address	
Type of Expense	
Payment Amount	
Due Date	
Account Number	
Creditor Name	
Creditor Address	
Type of Expense	
Payment Amount	
Due Date	
Account Number	

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7. Complete the following **MONTHLY** budget.

Types of Income	Monthly Amount	Comments
Employee Salary, Pension, or Disability Income		
Spouse Salary, Pension, or Disability Income		
Other Household Member Salary, Pension, or Disability Income		
Investment Income/Dividends		
Other Income		
TOTAL MONTHLY INCOME		
<hr/>		
Available Checking or Savings Account Balance		
<hr/>		
Types of Expenses	Monthly Amount	Comments
Housing		
Insurance (House, Auto, Medical and other)		
Vehicle Payments		
Credit Cards/Consumer loans		
Utilities (Water, Gas, Electric and other)		
Childcare		
Food		
Satellite/Cable		
Telephone/Internet		
Gasoline		
Medical		
Clothing		
Entertainment		
Savings/Retirement Funding		
Other:		
Other:		
TOTAL MONTHLY EXPENSES		

Incomplete applications or applications that do not meet the eligibility requirements will not be considered for funding.

8. If the budget worksheet above indicates that your monthly expenses exceed your monthly income on a consistent basis, please explain in detail what your financial plan will be moving forward.

9. Please include any additional information in the space below that you believe may be beneficial to the committee in reaching a decision regarding your request.

I certify that the information on this application is true and accurate to the best of my knowledge and is a fair and accurate statement of my current financial situation. Additionally, I understand that by signing this application, I am certifying that I am an active, eligible Plano ISD employee in good standing. I understand that this is an application for a one-time emergency need and that I must have a plan in place to address this need in the future. I understand that the decision of the review committee is final and cannot be appealed.

Employee Signature: _____

Date: _____