

C.A.R.E. Committee Application

Name/Nominee Name:	
Filled out by (if other than nominee) Name and contact information:	
Phone Number:	
Address:	
Email:	
Other resources contacted for assistance:	
Requested item/service:	Total Funds Requested (Please attach invoice with application):
Reason for request:	
Please fill out this questionnaire when applying	Unite Us In-Take Form
Signature	Date
<p>Please submit the Unite Us intake form online and send this application to either staff@ucpsa.org, care@ucpsa.org or drop it off in person to the UCPSA office. If you have any questions regarding this application, please reach out to Tina at 520-344-8200. The C.A.R.E. Committee takes into consideration every application that is received. We will be in touch if we have any questions about the application and/or gather more information if the application is accepted. We meet on the first Friday of each month to review</p> <p>Read the guidelines on the reverse side of this form prior to submitting.</p>	
Notes for Committee use.	
Approved	Not approved
Other resources:	

Guidelines

UCPSA wants to help our employees and members/families experiencing financial need. We understand that anyone can run into a rough patch, so we have formed the C.A.R.E. Committee (Community, Acceptance, Respect, and Empathy) to provide some assistance. This Committee meets monthly and review applications for assistance that have been received. If we can fund your financial request, payment will be made directly to the service provider (i.e., Discount Tire, Tucson Electric Power, Fry's, BJ's Auto Repair, etc.).

The application is available at ucpsa.org and the form can be filled out on the website and submitted to the Committee directly from that page. If you have any questions about the process or the work of the Committee, please contact Tina Higdon at 520-344-8200.

As part of the application process, the C.A.R.E. Committee may also refer you to community resources for ongoing support or suggestions for other funding sources (please submit the online questionnaire as part of the CARE Committee application process). We hope to help as many of the applicants as possible through a variety of support and resources. **Attach a copy of the invoice(s), estimate(s) or bill(s) to your application.**

Applications will only be considered if:

1. The applicant is a current employee of UCPSA (**must be in good standing and employed with UCPSA at least six months**) or a member receiving services from UCPSA.
2. The form is **filled out completely**, including an attached estimate(s), bill(s) or invoice(s) for the item/service being requested.
3. Applications will **not be accepted after the 20th of the month** prior to the meeting date. (Example applications for December will not be accepted after November 20th).
4. **There are no other avenues or resources identified from which to obtain funding.** (Unite Us referral)
5. The request is deemed necessary to ensure the health, safety, and/or well-being of the person.
6. **Funds for the request can only be paid directly to a vendor or service provider.**
7. The applicant has **not received funding from the Committee within the prior 12 months.**
8. The Committee provided possible community referral resources, and the applicant followed up but was unsuccessful in obtaining the service/requested item.