

# WORKING TOGETHER

1373 Grant Street  
Denver, Colorado 80203  
(303) 831-8645  
[www.state.co.us/dhr/wt](http://www.state.co.us/dhr/wt)

## Emergency Assistance Grant Application and Instructions

Working Together is a non-profit organization based on the spirit of state employees helping state employees. The guiding principles of the Emergency Assistance Grant are need and hardship. Need exists when applicants lack the resources to deal with unforeseen crises or emergencies. Working Together provides grants, not loans, for basic living necessities during emergencies and personal hardships, such as a notice of eviction, uninsured medical expenses, and loss of property due to theft or fire. Assistance may also be provided for an immediate family member who is someone in the household for whom the applicant is responsible for care and support.

The foundation is not meant to be an ongoing source of regular support. Working Together grants are limited to \$500 in a 12-month period, subject to the availability of funds. Applications are processed on a “first come-first served” basis; however, first time requests receive priority over requests from former recipients.

Working Together grants are issued in the form of checks written to specific creditors or providers. If approved, the check(s), written to creditors or providers, will be mailed to the applicant’s home address. **NO GRANT WILL BE MADE IN THE FORM OF CASH NOR PAID DIRECTLY TO THE APPLICANT OR A FAMILY MEMBER.**

To qualify for a grant, you must be: (1) permanently employed by the State of Colorado with at least six months of state service immediately preceding the date of application; or, (2) a State of Colorado retiree. Applications are not denied on the basis of race, religion, ethnicity, gender, national origin, disability, sexual preference or other non-meritorious factor.

When filling out the grant application below, please remember to provide the information requested in all sections of the form. In order to process the application quickly, all necessary materials must be included. Please attach the following documents to your application. **DO NOT SEND ORIGINALS AS THEY WILL NOT BE RETURNED TO YOU.**

1. If you are a retiree, a **copy** of a recent PERA statement.
2. To help explain your situation, include **copies** of any documents necessary, such as a doctor’s report of a condition in a medical emergency, a police report or insurance statement for a crime or damaged property, and records of leave status or disability claims, eviction or service disconnection notice.
3. Include **copies** of bills to be paid. For example, if you are requesting assistance with a medical emergency, attach copies of current medical bills not covered by insurance or insurance adjustment.

You may also wish to include a letter of recommendation from your supervisor, clergy person, co-workers, etc., regarding your situation or any additional information that might be helpful in providing the Working Together Board with an accurate assessment of your situation and needs.

Working Together grants are awarded for basic essentials or emergency needs. **Working Together does not pay for debt consolidation, credit card payments, litigation, poor financial planning, non-essential items, wage garnishments, taxes, bail, expenses, expenses related to vehicles, phones, cable services, life insurance, or other non-emergency expenses.**

# Working Together

## Confidential Emergency Assistance Grant Application

*Please type or print clearly.*

Mail to: Working Together  
1373 Grant Street  
Denver, CO 80203

Last Name	First Name	Middle Initial
Home Address	City	State
Employee Identification (Social Security) Number	Home Telephone Number	Zip Code
Length of State Service		
Email Address		

### Other Members of Your Household

First Name/Last Name	Relationship	Age

### Employment Information

Principal Department/Agency	Division	Work Telephone Number
Work Location Address	City	Zip Code

Please mark the appropriate box.

- Current state employee:** Your employment status will be verified through state personnel records. *However, your request for a grant will remain confidential.*
- Retiree:** Please attach a copy of a recent PERA payment stub to verify your status as a former state employee.

What other sources of assistance have you contacted for help in resolving your emergency situation?
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Have you applied for a Working Together Grant in the past?	If yes, when?
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<b>Amount requested:</b> \$ (Limit \$500)	<b>Who referred you to Working Together?</b>
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To whom should payment be made? Payment will not be made in cash and checks will not be made out to the applicant. For example, if the grant is needed to pay rent, please provide the name, address, and telephone number of your landlord.

<b>Name</b>	<b>Company, if any</b>	<b>Telephone Number</b>	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

Please explain your situation, including why you need assistance and how the funds will be spent. Attach **copies** of any documents and bills that will verify your need. For example, medical bill, eviction notice, rent receipt. **Do not send originals.**

<b>Please read and sign:</b> By signing below, you certify that you have completed this application fully and truthfully.	
<b>Signature</b>	<b>Date</b>

<b>FOR OFFICE USE ONLY</b>	<b>Reviewer's signature</b>  _____
<b>Date received:</b> ____ / ____ / ____ <b>Approved</b>	
<b>Date processed:</b> ____ / ____ / ____ <b>Denied</b>	