



## **Textron Aviation Employees Uplift Fund (Uplift) Administered by United Way of the Plains**

At one time or another, everyone confronts personal problems, either directly or indirectly. The Textron Aviation Employees Uplift Fund (Uplift) is intended to help Textron Aviation employees and their families during catastrophic events in their lives.

A "catastrophic event" includes, but is not limited to: an injury or illness to an employee or member of his or her immediate family that has occurred suddenly and without warning requiring significant medical treatment, accidents in which people suffer severe burns, head injuries, loss or paralysis of limbs, or loss of eyesight or hearing are catastrophic in nature, an injury or illness may result in severe disruption to the central nervous system, which in turn affects many other systems of the body (i.e., birth defects; respiration; circulation; skin; the urinary system; the gastrointestinal system; and other body systems; possible loss of movement, sensation, communicative and cognitive abilities), house or apartment fires, lightning strikes, vehicle accidents (car, truck, motorcycle), child abuse, domestic violence, and other emergencies (such as residence destroyed) outside the employees' control.

Eligible dependents of Textron Aviation employees may be available for assistance. The definition of eligible dependents includes:

- Husband or wife as defined or recognized under state law for purposes of marriage in the state where the employee resides, including common law marriage in states where it is recognized.
- Unmarried children under the age of 21.
- Children (biological, adopted or foster child, a stepchild, legal ward, or a child of a person standing in loco parentis) who are under the age 25, unmarried and dependent on the employee for principal support which includes children who are attending school.
- Children over the age of 25 (as defined above) under guardianship of the employee and are incapable of self-care due to a mental or physical disability.

Assistance through this program is not intended to address ongoing problems (i.e., inability to pay routine bills). The intent of this fund is to assist with housing and utility responsibilities. When a request is approved, payment will not be issued directly to the employee; it will be paid directly to a creditor (i.e., the landlord, mortgage holder or utility company).



## Textron Aviation Employees Uplift Fund (Uplift) Assistance Request Form

The Textron Aviation Employees Uplift Fund (Uplift) offers confidential consultations with experienced professionals to help in assessing each employee's situation and offer resources and options to address the employee's concerns. This program can assist with referrals to community resources. There is no cost to employees for these assistance services. However, Uplift does not pay for services to which employees may be referred - such costs are the responsibility of the employee.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: Apt. /Lot #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Textron ID #: \_\_\_\_\_ Dept. #: \_\_\_\_\_

Job Shift:     Days     Evening     Nights     Rotating     Other

Is it okay to contact you at work?     Yes     No    At home?     Yes     No

Is it okay to leave messages for you at work?     Yes     No    At home?     Yes     No

Have you received help **from Uplift, CUFF, or Golden Rule previously?**     Yes     No

If yes, please identify the date(s) when help was received: \_\_\_\_\_

**Have you received help from another agency in the past six (6) months?**     Yes     No

**If so, name of agency:** \_\_\_\_\_

The assistance is requested for:     Self     Immediate Family

Is the need for assistance due to a non-work related injury?     Yes     No

If yes, indicate type of injury: \_\_\_\_\_

Is the need for assistance due to illness?     Yes     No

If yes, indicate type of illness: \_\_\_\_\_

Did the injury occur suddenly or without warning?     Yes     No

Did the illness occur without warning?     Yes     No



Does the injury or illness require significant medical treatment?  Yes  No

Is the need for assistance due to (please check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Vehicle accident (car, truck, motorcycle)       | <input type="checkbox"/> Loss of eyesight                |
| <input type="checkbox"/> Residential fire (house, mobile home)           | <input type="checkbox"/> Loss of hearing                 |
| <input type="checkbox"/> Birth defect                                    | <input type="checkbox"/> Loss of communicative abilities |
| <input type="checkbox"/> Severe disruption to the central nervous system | <input type="checkbox"/> Loss of cognitive abilities     |
| <input type="checkbox"/> Loss of movement; paralysis                     | <input type="checkbox"/> Lightning strike                |
| <input type="checkbox"/> Domestic violence                               | <input type="checkbox"/> Child abuse                     |
| <input type="checkbox"/> Other (please explain):                         |  |

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How many people reside in your household? \_\_\_\_\_

Identify all affected household members, including you, below.

Name	Relationship	Age
	<b>SELF</b>	

Please select all services where assistance would be beneficial:

- |   |  |
|---|--|
| <input type="checkbox"/> Housing (rent or mortgage)                             | <input type="checkbox"/> Medical care            |
| <input type="checkbox"/> Utility payments                                       | <input type="checkbox"/> Eye care                |
| <input type="checkbox"/> Household items (pots, pans, linens, towels, etc.)     | <input type="checkbox"/> Dental care             |
| <input type="checkbox"/> Food   | <input type="checkbox"/> Prescription medicines  |
| <input type="checkbox"/> Health and Beauty items (shampoo, soap, diapers, etc.) | <input type="checkbox"/> Job training/placements |
| <input type="checkbox"/> Clothing   | <input type="checkbox"/> Budget counseling       |
| <input type="checkbox"/> Transportation   | <input type="checkbox"/> Stress counseling       |
| <input type="checkbox"/> Other:   |  |

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**AMOUNT REQUESTED: \$** \_\_\_\_\_

Please provide any additional information that has not been identified above



## Statement of Understanding

You have requested services from the Textron Aviation Employees Uplift Fund (Uplift). Services may include assessment of need, information and referral, and/or brief problem solving assistance. A third-party case manager will work with you to clarify the problem, identify choices, and develop an action plan. If requesting assistance with mortgage and utility bills, current copies of all such bills must be provided to the case manager for review. The following documentation will be required: Social Security cards for all members of the household, photo id for the employee requesting assistance, verification of income for the past four weeks for all household members, lease agreement or mortgage statement, eviction notice if they have received one, utility bills, and other supporting information to help verify your situation.

These evaluation services are provided at no direct cost to Textron Aviation employees and their family members. However, if you need longer-term or specialized service, 2-1-1 of Kansas and your case manager are available to assist in locating resources and services in the community.

It is your responsibility to pay for services provided by any resources outside of Uplift and its related case management. For expenses that may be covered through your health insurance plans, contact your benefits provider for further clarification before services are provided by outside resources. Benefits provided by Uplift are limited and are tracked over a 12-month rolling period.

I, (print name) \_\_\_\_\_, understand this form and accept it as the terms of my participation in Uplift. I also authorize the United Way to contact the Textron Aviation Employee Service Center to verify my employment at Textron Aviation.

\_\_\_\_\_  
Signature (Textron Aviation employee)

\_\_\_\_\_  
Date

I certify that I am the applicant submitting this Assistance Request Form to United Way of the Plains for processing (if submitting electronically).

Once you have completed the form, please forward to:

United Way of the Plains  
ATTN: UPLIFT – C/O Beth Oaks  
245 N. Water Street  
Wichita, KS 67202  
Fax: 316-267-0937  
Email: [Uplift@unitedwayplains.org](mailto:Uplift@unitedwayplains.org)

Still have questions about this form or the process? Call the Uplift Hotline at 316-517-7979.