



THE PEGASUS PROJECT- A Non-Profit 501(c) (3) Corporation

Eligibility Guidelines

Our mission is to provide short-term emergency grants for members of the Association of Flight Attendants (AFA) who are in need of financial assistance due to critical, life-threatening illness or injury. These efforts are accomplished with *compassion, confidentiality and the preservation of dignity and respect for the individuals concerned.*

Our goal is to provide members with funds to cover the basic necessities of life. We hope to help prevent your utilities from being shut off, your mortgage or rent payments from being late, and keep food on your table. While The Project considers the monthly payment(s) toward credit card debt as part of an applicants' expenses, **at no time will The Project make checks payable to credit card debt, nor will we be able to assist in personal financial obligations incurred by an applicant.** Members who were disabled from an injury or illness on the job and who are covered by Worker's Compensation may still be eligible to receive funds.

Currently only members of AFA experiencing a critical, life-threatening illness or injury are eligible to receive grants when they are unable to perform their flight attendant duties and as a result are unable to fly. In the event that an individual is awarded a grant and returns to work during the three month distribution period, funds may be granted for the first month of their return to work. **Current funding levels do not allow for grants to be extended to spouses, partners, dependent children or parents of AFA members or to service charge non-members of AFA.** No applicant will be discriminated against based on sex, age, race, national origin, marital status, religion, or sexual orientation.

Pegasus is a "**fund of last resort**", which means a member must apply for assistance from their own carrier's assistance program, provided their carrier offers a program, before The Project will consider their application. Should the member's carrier assistance program deny their application, or the member has reached the maximum level of distribution through their carrier's program, the member then may apply for assistance from The Project. This policy has been instituted to ensure The Project is able to assist as many AFA members as possible.

Grants are awarded on a month-to-month basis to members who have completed the application process and who have been determined by the Review Board to have met the criteria for grant eligibility. This process requires a diagnosis from your medical practitioner as to the disability status and anticipated prognosis and possible return to work date of the applicant member. Applicants must sign the Truth Disclosure Statement on the last page of the application. We understand this is a difficult time in your life and realize we are asking you to provide a good deal of information. We hope you will recognize that this information is necessary in order to preserve the integrity that the Pegasus Project's mission is founded on.

***Please note that while Pegasus was founded by individual members of AFA, it is operated as a separate entity from AFA, and no portion of a Flight Attendant's union dues are used to fund The Project. Funds to support The Project are raised through automatic payroll deduction, United Way Campaign donations and fundraisers held by Local Councils.**

Grant Amounts

The Pegasus Project is intended to provide emergency relief funding to a great number of disabled Flight Attendants, therefore, it is necessary to limit the amount, frequency, and maximum benefits paid out to one applicant. The current limitations are as follows:

- Monthly *maximum* of grant - \$500
- Yearly *maximum* of grants - \$5,000
- Lifetime *maximum* of grants - \$5,000
- Grants will be awarded for (3) three consecutive months, which will then be followed by a (3) three-month waiting period. After the waiting period, if additional funding is needed, a current Doctor's evaluation must be submitted before consideration for additional aid can be processed.
- **Current funding provides approximately \$500 a month per applicant grant**

Note: The Applicant has the responsibility to advise The Pegasus Project of any changes in medical condition, financial status, or to notify us of your return to work.

The Pegasus Project does not provide *continuous* financial assistance, and should not be viewed as an alternative to Long Term Disability Insurance or Social Security Disability. Every effort should be made by the applicant to contact an AFA/EAP Representative to exhaust other financial assistance available throughout their AFA contract, community, church, or state.

Award Guidelines

The Pegasus Project's goal is to provide relief from debts caused by hardship. Once a determination of hardship and need is established, we are willing to provide payment toward the following:

- Primary Housing
- Food
- Essential utilities, including telephone
- Insurance Premiums (health, car etc.)
- Co-payments, insurance and major medical deductibles
- Basic transportation expenses: i.e. gasoline for primary automobile, public transportation costs, or car payments for the flight attendant's vehicle
- Clothing (only if necessary due to extreme weight loss as a result of treatment or a medical condition, and only basic clothing needs.)

***The Pegasus Project cannot make payments toward credit card debt regardless of the reason for the debt.**

***All grants will be made payable directly to the applicants' creditor(s) and will not be made payable directly to the applicant.**

***For tax purposes, The Project requires documentation of bills paid on behalf of a Pegasus applicant (i.e. copies of utility bills, lease agreements, phone bills etc).**



Additional Resource Guide

While the Pegasus Project's mission is to provide short term grants for members who are facing criteria life threatening illness or injury, the Project also directs members in need to other resources within their community. We hope you will utilize these resources.

Local Food Banks Go the Internet or to Google and type in "food banks" or the name of the city you live in and "food banks" for a listing of food banks in your area.

Labors Community Service In most major cities across the country – this agency can sometimes assist with keeping utilities on and staving off a foreclosure on a home. Listing of LCS's can be found in the People Who Help People Directory.

Apply for Food Stamps Most states now utilize a debit type card instead of food stamp books. The user swipes their card at the grocery check out and looks like they are using their debit card. This has made the program more user friendly for those participating.

Check with Religious Affiliations Local churches, temples etc. will sometimes offer different types of services to their community.

People Who Help People Directory This directory is created by the AFL-CIO and Lists addresses, contact persons and phone numbers for United Way, Red Cross & Labors Community Services through out the United States. A link to the directory can be found on the Pegasus website at www.thepegasusproject.org

Credit Card Counseling Labor's Community Service is usually able to direct people to credible agencies that work with credit card counseling.

Phone Cards Costco offers phone cards with a rate of 3.4 cents a minute. This helps reduce the long distance amount on home and cell phone numbers.

Reducing Utility & Phone Bills Call your local Utility and Phone Company to inquire about Hardship Case Plans.

Through Avon www.cancercaare.org provides financial grants to assist with transportation to and from chemotherapy and radiation treatments. Also www.acor.org provides extensive resources for cancer.

Airline Carrier Assistance Programs

- Alaska's Employee Assistance Fund (EAF) 206-870-2768
- Hawaiian's Wings of Hope 808-838-5575
- United's CAUSE 888-288-9036 or Employee Relief Fund (ERF) 877-488-2373

Overview of Pegasus Program

1. First and foremost, the *information that you share with The Pegasus Project is confidential*, and will not be shared with anyone other than Pegasus Board members, and then only when necessary.
2. Completed applications, accompanied by **all required documentation**, that are received by the 5th day of the month, will be included in the same month's distribution of funds. **Disbursement of funds usually occurs the last week of the month.**
3. ***Disregard – Currently not in effect at this time.*** *In past years, recent funding availability for Pegasus applicant's, was averaging \$350.00 per month, for a three-month period. At the end of the three months of assistance it will be necessary to place applicants into a three-month waiting period, so that Pegasus may assist as many flight attendants as possible. After the three-month waiting period, if you are still in need of financial aid, you may request for additional assistance. A new doctors' statement on her/his letterhead, detailing your medical condition and return to work status, must be submitted to the Review Board with request for further assistance.*
4. Upon approval, we will make arrangement to receive original bill statements. We will then send payments directly to your creditors, ensuring that your bills get paid in a timely manner. Pegasus requests the original bills and original envelopes because of the bar code that is often printed on the envelopes, which routes and expedites your payment delivery to the appropriate department of your creditor. **Always make copies of everything that you send to us for your files.**
5. If you know that you will need assistance with your rent/mortgage for the first month of assistance, but think that the second month you may wish to be assisted with a different bill(s), it is a good idea to send copies of the other bill(s) at the same time that you send your application to Pegasus. We will then have a record of the other bills on file, and can expedite payment to those creditors in the second and/or third months of your distribution. **It is an IRS requirement that non-profit organizations maintain copies of invoices/statements that are paid on behalf of applicants.**
6. **Pegasus is a "Fund of Last Resort", which means that you must apply for assistance from your own carrier's assistance program, if one is available, before being assisted by Pegasus.** Should you reach the maximum level of distribution with your carrier's program, or your application has been denied by your carrier's program, you may then apply for assistance from The Project.
7. **Do not send application to Pegasus by certified or registered mail.** Sending applications by certified/registered mail requires pick-up of the application at the Post Office during normal business hours, and may slow the process for receiving it, as the Post office will send the package back to the sender after a certain number of days if the package is not claimed. As Pegasus is staffed with volunteers who fly, this restrict when we are able to retrieve mail.
8. As mentioned above, The Pegasus Project is staffed by flight attendants, from various AFA carriers, who fly a full line and *volunteer* their time to assist with The Project. We ask for your understanding in the turn-around time in receiving and returning phone calls from The Project's voice mail. **We commit that all calls made to Pegasus will be returned within 7-days.** Applications that have been faxed to the Pegasus fax # (602-279-6660) will also receive a confirmation call with-in 7-days of being received.
9. Should you have questions about the application process please call the toll free Pegasus Voice Message Line at 1-866-785-0449 and a Pegasus representative will return your call as soon as is possible.

Income & Expense Worksheet

Please approximate **MONTHLY** income/expenses for the following.
Fill in **EVERY LINE** and use N/A if an item is **Not Applicable**.

ESTIMATED MONTHLY INCOME	
Social Security Disability Payments _____	\$ _____
State Disability Payments _____	\$ _____
Short-Term or Long Term Disability Payments _____	\$ _____
Worker's Compensation Payments (OJI) _____	\$ _____
Company Paycheck or Supplemental Paycheck _____	\$ _____
Spouse or Partners' Total Income _____	\$ _____
Alimony or Child Support Received _____	\$ _____
Other Income * List Below _____	\$ _____
TOTAL HOUSEHOLD INCOME	
	\$ _____

ESTIMATED MONTHLY EXPENSES	
Mortgage/Rent _____	\$ _____
Gas/Electric _____	\$ _____
Water Bill _____	\$ _____
Phone Bill _____	\$ _____
Cell Phone _____	\$ _____
Internet Charges _____	\$ _____
Medical Expenses * List Below _____	\$ _____
Auto Insurance (monthly cost) _____	\$ _____
Home Insurance (monthly cost) _____	\$ _____
Food Expenses _____	\$ _____
Loans (Automobile, School, Credit Union etc....do not list Credit Card Debt) _____	\$ _____
Credit Card Debt (List Card/s on Next Line & Monthly Payment & then Total) →	\$ _____

PLEASE TOTAL	
	\$ _____

OTHER INCOME	
Checking Account Average Balance _____	\$ _____
Savings Account Average Balance _____	\$ _____
401K Account Balance _____	\$ _____
Other Income Not Listed Above _____	\$ _____
PLEASE TOTAL	
	\$ _____

***Other Income:** List any other source/s of income you are currently receiving:

****Medical Expenses:** List the portion of your medical bills for which you are personally responsible for paying (i.e. Co-pays on Doctor Visits, Co-pays on Prescriptions etc.):

What was **YOUR** average monthly salary (actual take home pay) prior to this illness/injury?

Many AFA carrier contracts provide ways to supplement your salary (Sick Banks/Vacation Days) while on a Short/Long Term Disability leave or while receiving Worker’s Compensation benefits. These options are usually incorporated into the Leave; Family Medical Leave Act (FMLA); the On The Job Injury (OJI) or Sick Leave Sections of an AFA contract. Please review your AFA contract or contact your Local AFA representative for possible means of supplementing your income during this time of illness/injury.

Have you applied for Social Security Disability? (a)Yes (b)No
 If yes, have you been: (a)Approved (b)Denied (c)Claim still being processed (d) N/A

Have you applied for State Disability? (a)Yes (b) No
 If yes, have you been: (a)Approved (b)Denied (c)Claim still being processed (d) N/A

Have you applied for Short-Term Disability? (a)Yes (b) No (c) Not Available
 If yes, have you been: (a)Approved (b)Denied (c)Claim still being processed

Have you applied for Long-Term Disability(LTD)? (a)Yes (b) No (c) Not Available

Do you have a 401K? (a)Yes (b)No
 If yes, have you borrowed from it to supplement during this illness/injury? (a)Yes (b)No

Have you exhausted any Sick Bank hours that are available to you? (a) Yes (b) No

Have you exhausted any Vacation Hours that are available to you? (a) Yes (b) No

If your **injury occurred on the job** (including on a layover, on airport property, or traveling to/from work) have you applied for Worker’s Compensation? (a)Yes (b)No
 If yes, have you been: (a)Accepted (b)Denied (c)Claim still being processed

Please prioritize the bills you feel are most critical to be assisted with at this time.

1.	4.
2.	5.
3.	6.

Please circle any of the following Carrier’s Assistance Programs that you are currently receiving assistance from and list the monthly amount you are receiving.

- Alaska’s Employee Assistance Fund (EAF) _____
- United’s CAUSE _____ or Employee Relief Fund (ERF) _____
- Hawaiian’s Wings of Hope _____
- Any Assistance Program offered at your carrier not listed above _____

Have you declared bankruptcy in the past 24 months? (a) Yes (b) No
 Please declare the amount that you would like to receive from The Project \$ _____



Medical Release Form

RE: Release of Medical Information

I, _____, am authorizing release of all medical records, pertinent to my diagnosed medical condition, which may be relevant to the performance of my flight attendant safety-sensitive duties. I'm authorizing release of this information to The Pegasus Project, a non-profit organization, which assists flight attendants with emergency financial assistance when faced with life threatening illnesses or injuries. The Pegasus Project will maintain my records in a confidential manner.

Name: _____
(Print)

Signature: _____ Date: _____
(Sign)

Bottom Portion to be Completed by Your Medical Physician

As the treating physician, the Pegasus Project is requesting a description, in laypersons terms, of this patient's medical condition. Your assistance in providing this information in a timely manner will help expedite the process for providing financial assistance to our Pegasus applicant.

Doctor's Name: _____
(Please Print)

Doctor's Signature: _____

Phone Number: (_____) _____ Date: _____