



## ASSOCIATE HELPING HAND FUND APPLICATION

### APPLICANT INFORMATION

Name:		Date:
Address:		Phone: Day          Work
City:	State:	ZIP Code:
Please Check One:	<input type="checkbox"/> Full Time Associate	<input type="checkbox"/> Part Time Associate
Any Corrective action in the last six months: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Position:	Date of Hire:	
Total Household Income:	#of Adults in Household:	Children (under 18):
Amount Requested (Up to \$500):	Associate Number:	Facility:
Please answer the following questions completely. All information given will be CONFIDENTIAL. Financial disclosure is required. (If additional space is needed, use a blank sheet and attach to the application:		
1. What is the purpose of your request?		
2. How will the money be spent?		
3. Who will benefit?		
4. What other avenues have you pursued to rectify this situation:		
5. When do you need this financial assistance (pls. allow 2 weeks processing time)?		
6. Have you ever applied for a financial assistance in the past? If so, when and what was the result?		
7. Other comments/information that would be helpful in reviewing this financial assistance application:		
Please attach any other supporting material that may helpful in processing your request. Supporting documentation could include but is not limited to the following: <ul style="list-style-type: none"><li>• Other Household Income</li><li>• Significant unpaid bills</li><li>• Notice of Eviction</li><li>• Medical Bill (not covered by insurance)</li><li>• Other</li></ul>		
<b>PLEASE NOTE THAT ALL INFORMATION WILL BE KEPT CONFIDENTIAL</b>		
I certify that the information provided in this financial assistance application is true and correct to the best of my knowledge. Any intentional misrepresentation of information contained in this application will result in forfeiting this and any future financial assistance application. I authorize the Committee administering this program to review and process my financial assistance application. Further more, I understand that any financial assistance I receive from this program may/will be treated as taxable income subject to FICA and federal withholding.		
Signature:		Date:
For Mission Leadership/committee use only:		
Financial Assistance Approval:	<input type="checkbox"/> Yes          Amount: \$_____	<input type="checkbox"/> No

## Associate Helping Hand Fund

### **1. Who can request financial assistance from the fund?**

A: All associates are eligible for financial assistance after six months of employment. The need for assistance is based on significant financial hardship stemming from such things as a natural disaster, or personal tragedy such as an illness or accident.

### **2. What kinds of hardships qualify for funding?**

A: The fund helps associates in times of significant financial hardship and/or to recover financially from loss due to natural disasters, emergencies, accidents, catastrophes, and deaths or illnesses which are no fault of the associate.

### **3. How much money will I receive from the fund?**

A: Financial assistance is given based on need and depends on the funds available to support all requests. \$500 is the maximum amount that can be requested.

### **4. How do I get an application form? To whom do I send the application form?**

A: The form is available through your Mission Office and also available on the Public Y drive under Mission.

### **5. Who will determine whether my application is accepted?**

A: A Mission representative or an Assessment Coordinator will contact you once the application is received and conduct an assessment. The Assessment Coordinator and/or the Mission Vice President/Senior Vice President of Mission for Catholic Health will make a determination to approve or deny the request. Applications may also be taken to a small Associate Helping Fund Committee for review and approval. All personal information will be deleted from the application before it is distributed to the committee.

### **6. If I submit an application, will my information remain confidential?**

A: Absolutely, Yes.

### **7. After I send my application form, how soon will I know whether I will receive financial assistance?**

A: Because the nature of a crisis often calls for immediate attention, we will complete the assessment and approval process and notify you of the decision as quickly as possible.

### **8. After my application is approved, how long will it take before I receive my financial assistance?**

A: If approved, your support will be provided as quickly as possible.

### **9. Is there a limit to how many times an associate may receive financial assistance?**

A: It is our hope that an associate will never need to apply for financial assistance. However, if assistance is required under the guidelines of the Associate Helping Hand Fund, any additional assistance will depend on the circumstances and available funds within the same Fund.