



CAMC Employee Emergency Fund

Please carefully review the application before completing.

Your employee emergency fund application will not be considered unless documentation is provided to support your financial emergency.

Please attach copies only — DO NOT SUBMIT ORIGINALS.

CAMC Employee Emergency Fund application checklist

- Confidential application is completed in its entirety
- Reason for emergency is clearly stated with supporting documentation included

Examples of acceptable documentation

- **Theft** – copy of police or security report
- **Flood** – photos, insurance claim or other supporting data
- **Fire** – photos, insurance claim or other supporting data, fire department report
- **Medical** – insurance explanation of benefits, medical bills, pharmacy receipts, travel expenses
- **Family bereavement** – funeral expenses, travel expense receipts
- **Dangerous living conditions** – domestic situation with clearly defined documentation, eviction notice with reason for eviction including emergency situation, which led to eviction

Direct any questions to your human resources department.

| | |
|---|----------------|
| Human Resources Memorial Hospital | (304) 388-5400 |
| Human Resources General Hospital | (304) 388-7638 |
| Human Resources Teays Valley Hospital | (304) 757-1891 |



Description

The CAMC Employee Emergency Fund's purpose is to provide assistance to eligible employees of CAMC Health System companies who face a critical need and are suffering hardships beyond their control.

The fund provides assistance to employees who have personal recent financial emergencies. Examples of financial emergencies that qualify for funding include family bereavement expenses, replacement of essential personal items lost to theft, flood, fire, or other disaster, medical expenses, dangerous living conditions. Assistance will not be provided for such things as utility payments, auto/home repairs, furnace and hot water heater replacement, etc., unless unusual circumstances surround such losses.

The fund receives support through employee contributions to the CAMC Foundation that are restricted to the fund. Grants will continue to be awarded as long as contributions are available through the fund.

Guidelines

1. Employees who are full-time or pro-rata will be eligible to apply for a grant. Temporary, regular casual, special part time, or per diem company employees and consultants are not eligible to apply. Employees are only eligible for grants after 12 consecutive months or more of employment.
2. Application can be made by the employee or by another individual on behalf of the employee. If made on behalf of an employee, the employee must give permission to the person submitting the application. Completed applications and supporting documentation should be submitted to the human resources department. **All applications will be kept confidential.**
3. The severity of the crisis and the impact on the employee will be taken into consideration. Employees applying for assistance must provide documentation and/or verification of the emergency during the application process, such as photos, police or fire reports, verification from physician, or information on whether or not the loss is covered by insurance. Employees must provide verification of financial information. Upon request, other documentation as necessary may be required. Incomplete applications will be returned and may be re-submitted upon completion.
4. The CAMC Employee Emergency Fund committee reviews requests once a month. **All requests must be received by the last day of the month in order to be reviewed the following month.** The committee will strive to review and make a final decision on all applications at their monthly meeting assuming that all necessary information is included on the application. The fund shall not discriminate based on race, color, age, religion, national origin, sex, sexual orientation, ancestry, blindness, disability or veteran status. The committee's decision will be final.
5. Employees who submit applications will be eligible for grant requests up to \$800. The committee will approve the actual amount requested validated by supporting documentation of the financial emergency. **A grant is an award of financial assistance to the employee which does not need to be repaid.**
6. Only one grant per household will be made to an applicant within a 12-month calendar period. The committee reserves the right to deny repeat requests for continuing circumstances extending over several years.
7. If the committee approves the request, the CAMC Foundation will forward information to the accounting department and the check will be mailed to the employee at his/her home address. Checks will be made payable to the applicant. If the committee denies the grant, a letter will be sent to the applicant.
8. Along with the grant notification, a committee member may notify the applicant of other community resources.
9. It is the CAMC Employee Emergency Fund Committee's policy and practice to follow these guidelines. In the absence of a guideline, it is the committee's policy to develop a guideline and then follow it. If an application presents circumstances beyond the scope of these guidelines, the committee shall table the application while it drafts and adopts an appropriate amendment to the guidelines.

CAMC Employee Emergency Fund Application

**Only completed applications will be considered for grant.*

Employee information (confidential)

Name _____

Home address _____
(Street) (City) (State) (Zip)

Employee number _____

Employee Email Address _____

Marital status (circle) Single Married Widow(er) Divorced Separated Domestic partner

Home phone _____ Business phone _____ Mobile phone _____

Hospital _____ Department _____

Status (circle) Full-time Pro-rata

Name those living in household

| Name | Age | Relationship | Occupation (workplace/student) |
|------|-----|--------------|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total amount requested \$ _____ (Maximum grant \$800)

Have you or a member of your household received a grant in the past? Yes No Date _____ (MM/YY)

Reason for emergency: (Please attach any necessary documentation, add additional sheets, if necessary)

| Event | Date | Event | Date |
|-------|------|-----------------------------|------|
| Theft | | Medical | |
| Flood | | Family bereavement* | |
| Fire | | Dangerous living conditions | |

Other (Please specify) _____

Detailed explanation of event: _____

*Applies to family members/relatives as defined in employee handbook family bereavement policy.

Type of expense incurred from emergency

List essential personal items lost in theft, flood, fire or other disaster. Include dollar amount.

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
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| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Items lost — insured/uninsured (please circle) - must provide appropriate documentation

If insured, what is deductible amount? \$ _____

Unreimbursed health care cost \$ _____ Emergency housing expenses \$ _____

Other \$ _____ Travel expenses \$ _____

Funeral expenses \$ _____

Person submitting application _____

Where would you prefer we contact you?

Home phone number _____ best time to call _____

Work phone number _____ best time to call _____

Mobile phone number _____ best time to call _____

I certify that the above information is true to the best of my knowledge. I have reviewed the guidelines and understand that I may not be eligible for this assistance.

Employee signature _____
Date

YOUR EMPLOYEE EMERGENCY FUND APPLICATION WILL NOT BE CONSIDERED UNLESS DOCUMENTATION IS PROVIDED TO SUPPORT YOUR FINANCIAL EMERGENCY