



## **PURPOSE**

The Heart of Hugh Chatham Team Member Support Fund was established to help employees that are active at the time of their hardship, and their immediate families, with emergency situations beyond their control, which has caused a financial hardship. Immediate family for the purpose of this program is defined as legal spouse or legal dependent child. An emergency is defined as an unforeseen circumstance that calls for immediate action and an urgent need for assistance or relief.

## **GUIDELINES**

- Uninsured losses for damage to my primary residence due to fire or natural disaster
- Personal Hardship (Unforeseen, life-altering serious illness or injury to yourself or immediate family member which has a significant impact on your financial situation, Death of an employee or immediate family member which causes a financial hardship. Immediate family members are defined as legal spouse, legal dependent child, parent or current in-law parent).
- Victim of a crime (defined as a person which a crime has been committed against) causing a financial hardship related to a necessity. This would include severe bodily injury, domestic violence, etc.

## **CRITERIA**

- Incomplete requests will not be processed. Supporting documentation is required and must be submitted with the application. Examples of documentation include:
  - Eviction/foreclosure notices
  - Past due utilities
  - Police/fire report
  - Invoice of funeral expenses
  - Statements from health care providers or explanation of benefits from insurance companies indicating applicants' out-of-pocket medical expenses
  - Court documents

- Repair estimates
- The documentation must substantiate the amount of the financial assistance being requested. Documentation must be on letterhead or statement of owned party.
- Employees must have been employed with Hugh Chatham Memorial Hospital for a minimum of 90 days as of the date of the emergency relief application.
- Employees must have used all eligible benefits before applying to receive assistance:
  - Have you used your current PTO Balance?
  - Have you been advanced up to 24 hours of PTO?
  - Have you used the child support options for childcare?
  - Have you applied for or received unemployment benefits?
- Only one request for assistance per family, per year, will be granted in a 365-day period.
- Employees cannot apply for the same financial hardship more than once.

### **FINANCIAL ASSISTANCE**

- Requests are reviewed by the Heart of Hugh Chatham Team Member Support Fund committee in the month received.
- The maximum amount of assistance the fund provides is \$5,000.00 per occurrence.
- All awards are subject to availability of funds and extent of need. The fund is supported by donations and there is no guarantee that there will be available funds at any given time.

### **DISTRIBUTION OF FUNDS**

- Employee will receive a phone call and/or email notification of the committee's decision.
- Funds will be distributed via a check and may be picked up from the HR office located on the second floor of the hospital.
- Internal Revenue Service regulations require that the grant be reported as income on your annual W2 form.

### **COMPLETING THE APPLICATION**

Complete the entire application, providing as much detail regarding your circumstance as possible, and submit supporting documentation with your application. Applications without supporting documentation will not be considered. Submit your completed application to [humanresources@hughchatham.org](mailto:humanresources@hughchatham.org) or by mail to the address below.



**TEAM MEMBER SUPPORT FUND**

Employee Name: \_\_\_\_\_  
Employee ID Number: \_\_\_\_\_  
Department: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I would like to request a grant due to an unexpected hardship.

\_\_\_\_\_ I am a part time/full time employee of HCMH for at least the past 90 days  
\_\_\_\_\_ I have never received assistance from the Heart of Hugh Chatham Team Member Support Fund  
\_\_\_\_\_ In the past 12 months, I have received assistance that did not exceed \$5,000.00

\_\_\_\_\_ I have experienced the following:  
\_\_\_\_\_ Uninsured losses for damage to my primary residence due to fire or natural disaster  
\_\_\_\_\_ Personal Hardship  
\_\_\_\_\_ Victim of a crime

\_\_\_\_\_ I have attached the following documentation  
\_\_\_\_\_ Eviction/Foreclosure Notice      \_\_\_\_\_ Past Due Utilities  
\_\_\_\_\_ Police/Fire Reports                      \_\_\_\_\_ Invoice of Funeral Expenses  
\_\_\_\_\_ Court Documents                         \_\_\_\_\_ Medical Statements  
\_\_\_\_\_ Repair Estimates                         \_\_\_\_\_ Other

***Please provide a summary of your situation and why this is creating a financial hardship for you. (Attach a clearly written or typed summary to your application)***

***Please initial the statements below and attach supporting documentation***

\_\_\_\_\_ I understand that HCMH will keep this information confidential

\_\_\_\_\_ I understand that this request will be reviewed by the Heart of Hugh Chatham Team Member Support Fund Committee and that my application does not guarantee approval of this request. I also understand that funds may not be available at this time.

\_\_\_\_\_ I understand that the Committee's decision is final and there is no appeal process.

\_\_\_\_\_ I have provided supporting documentation and agree to provide additional information if requested.

\_\_\_\_\_ I attest that the information I have provided is true. I understand that any false information is subject to corrective action.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Reviewers:

Committee Comments:

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved