



Methodist Fremont Health Caring Coworkers Fund

Financial Assistance for Employees

Guidelines

The Caring Coworkers Fund is supported by Methodist Fremont Health employee contributions to the Fremont Health Foundation. The fund's purpose is to provide monetary assistance to employees who are facing an extreme hardship due to unforeseen emergency situations.

Employees may request assistance through an application process. The request must be a "hardship" in order to qualify for assistance and will be based on need and qualifying hardship. The Caring Coworkers Fund Committee may request you research community resources prior to submitting or in conjunction to your application. The Committee can assist in connecting you to community resources and supports. This ensures as many of your coworkers can receive assistance should the need arise. Together with the Caring Coworkers Fund and community resources, it is the hope you receive the support needed to stabilize the crisis.

A "hardship" is defined by the Caring Coworkers Fund as a severe financial setback of the employee resulting from a sudden and unexpected illness, an accident of the employee or a dependent. The household must lack the financial ability to meet their reasonable expenses, loss of the employee's property due to casualty, and/or other similar extraordinary circumstances arising from events beyond the employee's control.

Should you be eligible for Caring Coworkers Fund assistance, requests are limited to one time annually, and for a maximum amount of \$1,500.

Funds may be used for assistance related only to daily living expenses such as:

- Payment of bills, rent/mortgage, auto-loans, utilities, phone service (main or cell), etc.
- Other needs on a case-by-case basis will be reviewed and assessed by the Caring Coworkers Fund Committee.

Funds may not be used for:

- Payments to individual employees or their families;
- Deposits to bank or investment accounts;
- Payments to collection agencies;
- Payments for cable or satellite television, internet providers, etc.;
- Credit card bills for discretionary items; or
- Undocumented expenses.

Eligibility:

- Applicant must be a current Methodist Fremont Health employee for at least 90 days. (This is verified from HR)
- Applicant must not be on final corrective action on the date of application. (This is verified from HR)
- Applicant must demonstrate a "hardship" emergency need and submit a completed application and verifying documentation.

How to apply:

- Complete the application and include all expense documentation. Documentations will be required (any undocumented expenses will not be paid). *Acceptable* documentation includes billing statements/invoices or copy of such. All documentation must include vendor address and phone numbers.
- Submit application and documentation in-person or by interoffice mail to Human Resources.
- Once submitted and Human Resources has verified employee status, the Committee will review application and verifying documentation. The Committee will determine assistance based on eligibility (hardship/crisis), application requirements, and available funds. Please allow 14 business days to process requests and to issue any approved payments/checks.

All applications, funding decisions and assistance records are confidential. Applicant information is not forwarded to applicant's employee file, supervisor, or manager, nor will any part of the request process become a part of applicant's permanent record. Questions? Please contact Human Resources at (402) 941-7377.



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Application for Assistance

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This application is for financial assistance toward bills that the applicant is having difficulty paying due to an unforeseen hardship. Please complete this form in as much detail as possible and return it to the Human Resources office along with expense documentation, such as billing statements/invoices or copy of such. All documentation must include vendor address and phone numbers.

Name	Department	Contact Phone
Contact Email	Street Address	City, State, Zip

Please explain your hardship:

Is your crisis a sudden or unexpected illness? Yes No

Is your crisis from an accident? Yes No If not an accident for you, is your crisis due to a family member whom lives with you and would have a financial impact on meeting your monthly needs? Yes No

Is your crisis from loss of your property due to casualty? Yes No

Was the crisis event beyond your control? Yes No

How long will you be expected to be out of work? _____

Do you have worker's compensation? Yes No When will compensation start? _____ Expected amount? _____

Do you have long or short term disability? Yes No Approx. start date _____ Expected amount? _____

When is your expected return to work date? _____

What is your plan to maintain your household until then? _____

Description of your crisis/hardship, and what would be the most impactful payment for the Committee to consider (Please use another sheet if necessary):

Please turn over, pages 1 and 2 must be completed



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Application for Assistance

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Additional questions to assist the Committee:

1. How can you be helped the most (before/after you get back on your feet)?

2. How many people live in your home? Adults _____ Children _____

3. What community resources and supports have you tried?

Outcome? If received, how much and for what expense?

4. Are you willing to learn where to go for additional supports and services? Yes No

5. With Committee assistance, are you willing to take part in a financial learning class? Yes No

Income:

Household (not just employee)

\$ _____ Your Gross Monthly Income
\$ _____ Spouse's Gross Monthly Income
\$ _____ Other Household Income
\$ _____ Disability
\$ _____ Social Security
\$ _____ Insurance
\$ _____ Other - please explain: _____

\$ _____ **Total monthly household income**

Expenses:

Household (not just employee)

\$ _____ Rent/Mortgage
\$ _____ Auto Loan
\$ _____ Utilities
\$ _____ TV/Internet
\$ _____ Home Phone
\$ _____ Cell Phone (s)
\$ _____ Other - please explain: _____

\$ _____ **Total monthly household expenses**

Please provide expense documentation, such as billing statements/invoices or copy of such to support your request for assistance. All documentation must include vendor address and phone numbers. Any undocumented expenses will not be paid.

The Committee not only wants to help you financially, we want to help meet your needs on an ongoing basis with education, support, and by providing connections to additional services or resources.

The Caring Coworkers Fund Committee will evaluate your application and will determine assistance based on eligibility (hardship/crisis), application requirements, and available funds. You will receive a phone call to notify you of the outcome and plans for processing any payments. Please allow 14 business days to process requests and to issue any approved payments/checks.

We value your feedback! Would you be willing to share how the funds assisted you or your family? Yes No

I acknowledge all of the information submitted is correct, complete and accurate to the best of my knowledge:

Signature of Applicant

Date