The John Rochford Employee Assistance Fund for Saint Paul in memory of Richard Johnston

APPLICATION FOR ASSISTANCE

THE PROGRAM: This Fund helps employees, who have been affected by a natural disaster, illness, injury, a crime, or certain situations completely beyond their control in the past 90 days, pay their basic living expenses. Richard Johnson was a caring man, always going the extra mile for all of the residents of Saint Paul. He dedicated his career of helping others and his community. This fund will carry on his giving spirit by helping others in times of crisis.

ELIGIBILITY: All Saint Paul Senior Living Community employees who are 1) regularly scheduled to work fulltime or part-time; 2) currently employed by Saint Paul Senior Living Community; 3) employed for at least one year prior to this application; and 4) actively employed or on approved leave of absence having worked 20 hours a week prior to the leave are eligible to apply. If the employee has passed away, then a spouse or eligible dependent may apply. An employee can only receive assistance once within a 12-month period and can only be approved for help twice during their tenure at Saint Paul’s.

GRANTS: The maximum grant amount available for assistance is $1,000. The maximum award is not guaranteed, and in many cases, a lesser amount will be awarded. All payments are made directly to vendors as bill payments; no assistance funds will be sent directly to applicants and applicants will not be reimbursed.

SECTION A: WILL YOU QUALIFY?

To qualify for this program and receive assistance you must meet these requirements:

☐ You must be currently employed by Saint Paul Senior Living Community and have been employed for a minimum of 1 year
☐ You cannot have received assistance through this fund in the past 12 months or have received help twice previously
☐ The qualifying incident must have happened within the past 90 days
☐ You must be able to provide documentation of the incident and your financial impact as a result
☐ Your situation MUST be something that meets the requirements outlined below

Questions? Please call us at 615-321-4939 and ask for help with the Rochford Employee Assistance Fund. We are happy to talk through your situation with you before you apply and help you with the application.

These types of incidents are qualified:

Damage to your home or essential belongings: Damage or loss caused by weather of any kind, a fire in your home, or damage to your primary vehicle caused by a wreck. Property such as garages, storage buildings, fencing or landscaping are not included. Documentation: Photographs, insurance reports, repair estimates, and documentation of your financial impact

Illness or Injury to you or a member of your household that causes an unexpected financial burden: Any type of illness or injury that causes you or another wage-earner living in your home to have unpaid time off work, or needed medical treatment with high costs not covered by insurance. Illness or injury of a relative that had been providing free childcare. Documentation: Doctor’s note, FMLA or disability paperwork, medical bills, hospital paperwork, treatment plan

Death of someone in your household or of a relative for whom you are financially responsible: The loss of income, cost of burial or funeral expenses, or resulting medical bills prevents you from affording basic living expenses. Documentation: Copy of the death certificate or obituary will be required along with proof of your financial responsibility or records of expenses you have paid directly

Any crime committed against you or a member of your household that causes financial issues or threatens your safety: This includes, but is not limited to, robbery, arson, assault, domestic abuse, nonpayment of court-ordered child support, or extreme vandalism. You will need to be able to provide documentation of the incident. Documentation: Police report, court documents, or other official incident report

NOT COVERED: lawful wage garnishment, bankruptcy, child support you are required to pay, routine car repair, typical job layoffs, reduced work hours, divorce or separation, roommate vacancy, high utility bills, taxes, or accumulated personal debt

SECTION B: YOUR CONTACT INFORMATION

Employee Name (please print clearly): ________________________________

Address: ______________________________________________________

City: __________________ State: _____ Zip: _______ County: _________

Daytime Phone: (_____) __________________________ Is it okay to leave you a message? ☐ YES ☐ NO

Other Phone: (_____) ________________________________ Is it okay to leave you a message? ☐ YES ☐ NO

Email: _______________________________________________ Should we use email to contact you? ☐ YES ☐ NO
**Text Messaging** We can send updates on the progress of your application to you via text. This service is optional. If you wish to receive text alerts, please provide a number that is able to receive them, and opt in for this service:

Text Message Alerts: (____) ______________________ □ I agree to receive texts, only about my application.

SECTION C: DESCRIBE YOUR SITUATION

EMPLOYMENT INFORMATION:  Date of Hire: ________________  Job Title: __________________________

BASICS INFORMATION ABOUT WHAT HAS HAPPENED:

Name of Incident: __________________________ (example: tornado, fire, flood, type of injury, name of illness, theft, domestic abuse)

Date of Incident: __________________________ (this date must be within past 90 days in order to qualify)

Is the affected person covered by medical or disability insurance? ______  Have they applied for disability benefits? ______

If your property was damaged, will insurance cover part of the cost? ________  Your deductible amount? __________

How many people live in your household?  Number of adults ____________  Number of children ____________

Describe the incident in detail: Tell us what happened to you and your family? Try and focus only on the past 90 days.

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

How has this caused you financial hardship? Tell us about any expenses you’ve had to cover or wages lost because of what happened. Will you have to pay medical bills or cover the costs of repairs?

________________________________________________________________________

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________________________________________________________________________

Please tell us anything else that would help us understand the hardship you or your family are experiencing.

*** If this application is being completed by someone other than the employee (as in the case of death or other inability to complete the form), please explain and provide a contact name and information.***

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ABOUT THE ASSISTANCE WE PROVIDE

Because we are not allowed to give funds directly to you, we help pay for your basic living expenses. This means that if you are approved, the program will pay certain bills for you: housing costs, basic utilities, medical bills, or limited home repairs.

In the next section, you will be providing the information we need to make those payments. You will also need to send in copies of the bills you want us to help pay. If you would like someone to discuss these options with you before you make the request, please call us at 615-321-4939 and ask for help with the Rochford Employee Assistance Fund.
**SECTION D: ASSISTANCE GRANTS**

Grants are **only** to help pay for limited types of essential living expenses, which are:

- Rent, mortgage or other housing payments
- Temporary housing and security deposits for new housing
- Essential utility bills (electricity, heat, water)
- Medical expenses incurred within past 90 days, related to the incident, and not covered by insurance
- Minor home repairs needed to maintain home safety and livability

Grants **cannot** be made to pay for other, non-essential expenses **do not request payment for these things**, such as:

- Insurance premiums or deductibles
- Cable, phone or internet service
- Car payments, repairs or car insurance
- Furniture, appliances, electronics
- Funerary expenses or grave markers
- Accumulated financial issues or credit card debt
- Accidental damages due to negligence
- Legal fees, legal fines or court costs

If the application is approved, payments will be made on your behalf to the vendor(s) you list. **All grants are made directly to vendors as bill payments; no assistance funds will be sent directly to you, and no reimbursements can be made.**

Provide the name of the vendor to be paid, the complete address, the account number or identifying information, amount due, and due date. Although the maximum grant amount is $1,000, smaller sums are often awarded, so list the vendors in order of priority. **For each vendor, attach appropriate documentation (bills, lease, mortgage coupon, statement, etc.).**

**NOTE:** We **cannot make payments without clear, complete information including full account numbers or other payment information, addresses and documentation. Omitting this information or copies of your bills will delay your application.**

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<th>Vendor/Biller Name</th>
<th>Complete Mailing Address for Payment</th>
<th>Basic Need Covered</th>
<th>Payment Amount &amp; Due Date</th>
<th>Account Number or Identifying Information</th>
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Application Checklist:

Did you do the following?
- Carefully read the requirements to see if you qualify
- Complete all sections of the application
- Check Section D that your grant requests are allowed by the program
- Read and sign Section E: Declarations and Agreement (this page)

Be sure you are sending:
- All pages of your application
- Documentation of your incident such as: medical documents, incident reports, obituary, FMLA, etc.
- Copies of payment documentation such as: bills, lease, mortgage statement, repair estimates, etc.

SECTION E: DECLARATIONS AND AGREEMENT

No employee is entitled to receive a grant, either by their employment, their history of contributions to the Fund or because of any precedent inferred from a previous grant from the Fund. Grants will not be made before an employee has demonstrated an immediate financial need and provided all required documentation.

This application will be treated in a confidential manner by The Community Foundation of Middle Tennessee; however non-identifying statistical information will be reported to the Donor and Saint Paul Senior Living Community on a periodic basis.

Employees are expected to provide truthful and accurate information. In its due diligence, if The Foundation discovers any information to be untrue, it shall have the right to unilaterally waive its confidentiality and report its findings to the Donor and Saint Paul. The fiduciary expectations of all employees are paramount and a breach of these standards will be reported.

Your signature below certifies that the information provided is true and complete, authorizes The Community Foundation to obtain and/or verify all information necessary to process this application, and releases the Donor, Saint Paul Senior Living Community and The Community Foundation of Middle Tennessee from any liability associated with the rejection of or funding of this application. Remember that the maximum amount any employee or family member can receive in a 12-month period is $1,000. It is likely that, from time to time, lesser amounts will be awarded. In addition, you agree to provide the requested documentation supporting the information provided.

Applicant’s Signature: ___________________________ Date: ______________

Submit your completed and signed application with requested documentation in one of these ways:

EMAIL: Scan all pages and email to EmergencyGrants@cfmt.org with “Rochford” and your name in the subject line.

FAX: Fax single-sided pages of your application and documents to 615-327-2746. Do not fax photographs; you can submit photographs separately by email or by mail if needed.

MAIL: Make copies of everything you send to us, and mail your application and documents to:

The John Rochford Employee Assistance Fund for Saint Paul
The Community Foundation of Middle Tennessee
3833 Cleghorn Avenue, Suite 400
Nashville, TN 37215

Phone: 615-321-4939    Fax: 615-327-2746

Email: EmergencyGrants@cfmt.org

Find a printable PDF of this application here: cfmt.org/rochford