

Emergency Assistance Application

Hurricane Ida (August 2021)

Please Review Application Thoroughly Before Completing

The Tenet Care Fund was established to provide support during catastrophic emergency situations. The Care Fund is possible only through the generous donations of your fellow Tenet employees. The Care Fund Board of Directors and Care Committee serve as stewards for these funds to ensure that the grants awarded meet the criteria and guidelines of the Tenet Care Fund. Assistance for emergencies and crisis situations are considered on a case-by-case basis, and **requested funding is not guaranteed**.

Who qualifies for *emergency assistance*?

- Employees who are **unable to pay** for **gas, housing, or food** due to **evacuation or shelter in place orders** from a natural disaster such as hurricane, flood, tornado, wildfire, earthquake or blizzard.
- Employees who are **unable to pay** for **housing, food, clothing** and **other basic living essentials** because a natural disaster has **damaged or destroyed** their primary residence.
- **The Care Fund does not cover work hours lost** that are a result of a natural disaster.

Emergency Application Process

1. Complete Sections A and B, and gather supporting documentation, including but not limited to:
 - **Receipts for housing, gas, food due to evacuation**
 - **Photos of damage**
 - **Repair Estimates**
 - **Insurance documentation**
 - **Documentation from other relief organizations**
 - **Overdue critical livings expenses that result from the natural disaster**
2. Send application and documentation to your HR department, Administrator, or BOM.
3. Your HR department, Admin, or BOM will complete Section C of the application and submit it to the Care Fund on your behalf.
4. Please contact your HR department, Admin, or BOM for status updates.

Section A: APPLICANT GENERAL INFORMATION

All information shared will remain confidential and will only be used for application evaluation.

Hospital or Work Facility Name:		City:		State:	
Employee Name:			Last four digits of employee social security number:		
Employee Permanent Address (No P.O. Box):		City:		State:	
				Zip Code:	
Employee E-mail Address:					
Employee Home Phone:			Employee Cell Phone:		

If your application is approved, funds will be sent via **Direct Deposit** to the bank account on file for your paycheck. If you do not currently receive your paycheck via Direct Deposit, please provide the address where a check should be sent. *NOTE: Detroit Medical Center and USPI employees must complete the attached request form to receive funds via direct deposit.*

Send check to: (if address is different from above)

Street	City	State	Zip
Employee Position/Title:		Length of Employment with Tenet:	
		years	months

Legal Dependent Information (Dependents who are claimed on tax return)

Dependent Name:	Age:	Relationship to Employee:
Dependent Name:	Age:	Relationship to Employee:
Dependent Name:	Age:	Relationship to Employee:
Dependent Name:	Age:	Relationship to Employee:

Date event or situation occurred:

Provide a brief description of your emergency. Include any information that will help in assessing your request.

Which basic immediate living expenses do you need emergency assistance for?

<input type="checkbox"/> Housing	<input type="checkbox"/> Lost/Damaged Items	<input type="checkbox"/> Other
<input type="checkbox"/> Clothing	<input type="checkbox"/> Food	

Section B: Employee Attestation

Employee Signature and Attestation

I understand that no employee is entitled to receive a grant, either by their employment, their history of contributions to The Care Fund or because of any precedent inferred from a previous grant from The Care Fund. ***Grants will not be made before an employee has demonstrated a critical catastrophic immediate need.***

I understand further that this application will be treated in a confidential manner by The Care Fund; however, non-identifying statistical information will be reported to Tenet on a periodic basis.

Employees are expected to provide truthful and accurate information. In its due diligence, if The Care Fund discovers any information in this application to be materially untrue or fraudulent, I recognize that I may no longer expect this application to be treated confidentially and also recognize that information provided herein may be reported to Tenet.

My signature below certifies that the information provided is true and complete, authorizes The Care Fund to obtain and/or verify all information necessary to process this application, and releases Tenet and The Care Fund from any liability associated with the rejection of or funding of this application. In addition, I hereby agree to provide any requested documentation supporting the information provided.

Employee Applicant Signature:

Date:

Next Step:

Now that you have completed sections A and B, please share the entire application and required documentation with your local HR Department, Administrator, or BOM for final processing.

Section C: HR / Admin / BOM Declaration

This section must be completed and signed by the applicant's local HR Representative, Administrator, or BOM.

Please complete the items below to confirm this application meets eligibility and guidelines for Care Fund assistance.

- Please help your employee explore all additional avenues for assistance including EAP, 401(k) loan or hardship withdrawal, and/or government and community programs.
- **If the employee has received any emergency support from FEMA, Red Cross or other organizations, please describe below.**

Please provide any additional information you feel is relevant and important in understanding the applicant's situation and supporting the financial need and hardship resulting from the situation.

HR / Admin / BOM Declaration
To the best of my knowledge, this employee has experienced an emergency hardship through emergency evacuation and/or sustained damages or losses via natural disaster that necessitate financial assistance.
HR / Admin / BOM Name:
HR / Admin / BOM Signature:
Phone Number:

HR /Admin / BOM ONLY: Please send the signed application (in its entirety) and all required documentation to the Tenet Care Fund at CareFund@tenethealth.com.

Electronic Funds Transfer Authorization Care Fund Grant



If your application for assistance is approved by the Care Committee, the grant will be directly deposited into your designated bank account. To expedite payment, please complete the following authorization and return the signed form to CareFund@tenethealth.com for processing.

Hospital/Location Name:	City:	State:	
Employee Name:		Last four digits of employee social security number:	
Employee Home Address (No P.O. Box):	City:	State:	Zip Code:
Employee E-mail Address:			
Employee Home Phone:	Employee Cell Phone:		
Bank Name:	Account Type: Checking		Savings
Routing #:	Account #:		
Care Fund Representative to Complete			
Grant/Deposit \$:	Date:	Representative Signature	

I authorize the Tenet Care Fund to direct deposit grant funds awarded into my above named bank account.

Employee Applicant Signature:
Date:

Please return this signed form to CareFund@tenethealth.com