SHARE TO CARE
sharetocarefund.com

Grant Application

*** This application must be filled out in entirety before submission (all highlighted fields). Supporting documentation is required to accompany the application for an assistance grant. Please see "Assistance Eligibility Criteria" on page 2 of this application for examples. ***

Employee Name: _____
                        Last   First   Middle

Current Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Facility/Location: _____

Current Job Title: _____ Date of Hire: _____/_____/_____

Employment Status: □ Active □ Inactive   Status: □ FT   □ PT   □ PRN

Event Details: (please use a separate sheet of paper if additional space is needed)

Date of Event: _____

Event Type – Explain in detail:

Explain financial hardship caused by the event and any out-of-pocket costs:

Please list the amount of assistance requested and *attach required supporting statements or invoices*.

Housing (rent/mortgage/hotel) $_____

Utilities $_____

Medical Bills $_____

Funeral Expenses $_____

Other $_____

I acknowledge that the decision of the Share to Care Fund Committee is final. I certify that the information provided, and any accompanying materials/documentation is complete and accurate to the best of my knowledge. If the information in this application form changes, I will notify the Share to Care Fund Committee immediately. I understand that this application may be denied or withdrawn if it is incomplete and/or if any information reported is found to be intentionally misleading, inaccurate, or fraudulent. I agree that the Share to Care Fund Committee has the right to validate any information provided and will reclaim any money that has been paid because of fraudulent or misleading claims.

_____

Employee/Applicant Signature   Printed Name   Date

How to Apply for Share to Care Assistance

To apply for Share to Care assistance, please review the eligibility criteria detailed below to ensure the minimum requirements are met prior to completing an assistance grant application. All applications will be treated as confidential. Please include all supporting documentation as outlined in the eligibility criteria section. Supporting documentation can be given to the Payroll/Benefits Contact at your community who will forward the documents to the Share to Care Administrator for review.

Assistance Eligibility Criteria

- Assistance grants are available for employees and their families after 90 days of employment and are also available to those who have separated from ASC within the previous 30 days due to their illness or death. Your most recent hire date will be used.

- The applicant does not have access to other financial resources, or those resources are not enough to meet the need at hand.

- Supporting documentation is **<u>required</u>** to accompany the application for an assistance grant. Submitted documents must be official statements or on company letterhead of the entity seeking collection of funds.

- **Some examples of required documentation include:**
  - **Current Eviction/Foreclosure Notice**
  - **Past Due Utility Notice (current or previous month)**
  - **Police/Fire Report**
  - **Current Medical Bills/Invoices (Healthcare Summaries/EOBs are not acceptable)**
  - **Final invoice from Funeral Home, obituary, etc.**

For additional information, please visit:
https://www.asccare.com/sharetocare/