

GRANT PROCESS, CRITERIA & APPLICATION

The Share to Care Fund provides financial assistance to ASC employees experiencing financial hardship due to a catastrophic and sudden life event.

1. Employees who experience hardships due to events as described below, should contact their Facility Leader to begin the assistance request process.
2. The Facility Leader should work with the employee to complete the application and ensure that all required documentation needed for review is included. (Refer to the Documentation Requirements.)
3. The Application for Employee Assistance and all required documentation is submitted to the Share to Care administrator by the Facility Leader or any Director or above. Please do not submit incomplete applications or those that are missing documentation. Full Applications should be Emailed to: SharetoCare@ASCCare.com
4. The request is reviewed by the Share to Care Committee.
5. Notice for approval or denial is sent to the facility for leader to communicate with employee as soon as possible, usually within 14 days after all information is received.

Category	Description of Catastrophic Event
Death Event	<ul style="list-style-type: none"> • Death of employee or immediate family member
Medical Issue Event	<ul style="list-style-type: none"> • Life threatening, serious, or on-going illness of employee or immediate family member • Accident, injury, or surgery of employee or immediate family member
Natural Disaster Event (Acts of nature and fire)	<ul style="list-style-type: none"> • Total/Partial loss of primary residence • Damage to essential property or belongings • Temporarily uninhabitable residence resulting in relocation
Homelessness Event	<ul style="list-style-type: none"> • Sudden homelessness resulting in need for basic life necessities such as food and shelter
Domestic Violence Event	<ul style="list-style-type: none"> • Domestic Violence (physical assault, sexual abuse, and other behaviors resulting in relocation, safety measures, and/or property loss). Emergency protective order (EPO), verification that employee sought help from a professional/social services organization (on their letterhead), or documentation of charges filed is required.
Other Event	<ul style="list-style-type: none"> • Divorce or abandonment by spouse/domestic partner or loss of income due to disability or unemployment of spouse/domestic partner • Unusual expenses for the care, training of a handicapped spouse or dependent • Criminal acts or automobile accidents where the employee or immediate family member is the victim

NOTE: Immediate family member is defined as Spouse or domestic partner, Child (biological, adopted, stepchild, foster child, legal ward), Son-in law or daughter-in law, Parent (biological, adoptive parent, stepparent, father-in-law, or mother-in-law)

**** 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 "Documentation Requirements" on next page 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)	\$ <input type="text"/>
Utilities	\$ <input type="text"/>
Medical Bills	\$ <input type="text"/>
Funeral Expenses	\$ <input type="text"/>
Other	\$ <input type="text"/>

I certify that the information provided, and any accompanying materials/documentation is complete and accurate to the best of my knowledge. I recognize that I am not required to submit Protected Health Information (PHI) or Protected Personal Information (PPI) to support my application and have been directed not to provide. If I elect to submit PHI or PPI, I understand that the Share to Care fund cannot guarantee the privacy of that information and I waive any rights to privacy. If the information 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. I acknowledge that the decision of the Share to Care Fund Committee is final.

Employee/Parent/Guardian Signature

Printed Name

Date

Documentation Requirements

Below are examples of acceptable documentation that should accompany all Applications for Assistance:

Domestic Violence

- Emergency Protective Order
- Police Report (where applicable)
- Shelter or social services agency documentation (if applicable)
- Medical statements related to incident (if applicable)

Death

- Funeral home final invoice and employee responsibility
and
- Documentation providing proof of relationship, i.e. obituary, documentation from funeral home in lieu of obituary

Medical

- If request is for employee, must provide current medical bill showing balance due (indicating no insurance/patient responsibility)
or
- If request is for eligible dependent of employee, must provide a summary page of charges (related to this event only) or current medical bill showing balance due (indicating no insurance/patient responsibility). Must provide evidence of dependent relationship to employee or spouse/ domestic partner (documentation establishing relationship of patient/responsible party to ASC employee [i.e., insurance card, birth certificate, marriage certificate, tax documentation])

PLEASE NOTE WHEN SUBMITTING EVIDENCE OF FINANCIAL HARDSHIP AS A RESULT OF A MEDICAL SITUATION, PLEASE DO NOT PROVIDE ANY PRIVATE HEALTH INFORMATION THAT SPEAKS SPECIFICALLY TO A DIAGNOSIS OR IDENTIFIES ANY PRIVATE, CONFIDENTIAL HEALTH INFORMATION.

Natural Disaster

- Repair estimates
- Temporary housing/living expense receipts
- Insurance claim documentation
- If Natural Disaster impacts on the employee's home or property, proof of event is needed



Severe unexpected Financial Hardship

- General Financial Hardship
 - Legal Eviction Notice/Late Notice/Foreclosure Notice on Rental Company Letterhead or court documentation
or
 - Mortgages/Foreclosure Notices
or
 - Rent/mortgage history from Landlord/Mortgage Company
or
 - Insurance Documentation
or
 - Utility Disconnect Notices and Utility Payment History
or
 - Detailed Police Report
and
 - Other supporting documentation related to a request for financial assistance.

- Travel Costs Associated with an Event for Immediate Family
 - Medical Event (event is for travel costs only)
 - Travel reimbursement requires receipts for hotels and transportation costs
and
 - Documentation providing proof of relationship and event
and
 - Proof of lost wages (pay stubs) (if applicable)

 - Death Event (event is for travel costs only)
 - Travel reimbursement requires receipts for hotels and transportation costs
and
 - Documentation providing proof of relationship and event
and
 - Proof of lost wages (pay stubs) (if applicable)

- Other-Miscellaneous
 - Required Documentation related to request for financial assistance
and
 - Proof of lost wages (pay stubs) (if applicable)