



PROGRAM APPLICATION

The *Blue Bear Employee Relief Fund* is designed to provide short-term assistance to employees experiencing severe financial need due to unexpected and unavoidable emergencies. **You must be an HCSC employee for a minimum of six (6) months at the time of the emergency in order to be eligible to apply. Eligible Applicants may receive a maximum of one grant per category, per calendar year, for qualified emergencies.** Employees should use available resources such as medical/life insurance, PTO, short/long term disability, personal savings, assistance from family members, etc. before applying for assistance. In the event of an unexpected and unavoidable emergency that creates a financial hardship, HCSC employees may apply for assistance within the categories and qualifications listed below.

(Please Type or Print)

EMPLOYEE'S PERSONAL INFORMATION:

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Employee ID#: _____ Total Dependents: _____

PLEASE PLACE A CHECK MARK NEXT TO THE ONE TYPE OF ASSISTANCE REQUESTED:

You must attach documentation of your emergency situation. (See second page for further explanation of eligible events and sample list of supporting documents.)

- | | | |
|---|-----------------------------|---------|
| | Grant Amount not to exceed: | |
| <input type="checkbox"/> Home Catastrophe/Natural Disaster | | \$2,500 |
| <input type="checkbox"/> Funeral or Emergency travel for immediate family | | \$1,000 |
| <input type="checkbox"/> Personal Emergency | | \$500 |
| Medical Emergency | | \$500 |

Please list ANY other assistance you are receiving.
(Red Cross, Salvation Army, Food Pantry, Friends/family, etc.)

Requested Amount: \$ _____

Please describe, in detail, both your emergency situation and your specific financial needs. (i.e. assistance with water, gas, electric bills, rent/mortgage.) **You must attach copies of bills that you need assistance with.** (Attach additional pages if necessary.)

DECLARATION:

By signing below, under penalty of perjury, I declare, to the best of my knowledge and belief, the above stated information is true and correct. Additionally, I authorize HCSC to disclose any confidential and/or financial information to the Application Review Committee at Tulsa Community Foundation (TCF) as it pertains to the above emergency. I further authorize TCF to disclose any confidential and/or financial information to other community resources to determine if I am eligible to receive assistance.

Signature: _____ Date: _____

*Email, fax, mail or hand deliver completed application to Tulsa Community Foundation:
7030 South Yale Avenue – Suite 600 – Tulsa, OK – 74136
Fax: (918)856-3537 Email: bluebear@tulsacf.org*

The Application Review Committee WILL NOT consider incomplete applications. If you have not received a response to your application within five (5) business days or if your needs require immediate attention (24 hours), please contact Tulsa Community Foundation at (918)591-2427 or bluebear@tulsacf.org



PROGRAM APPLICATION

Events Eligible for Assistance

1. Home Catastrophe / Natural Disaster

- Assistance for employee's personal residence destroyed, rendered unlivable or otherwise in need of costly repairs in excess of insurance caused by a natural or localized disaster (hurricane, fire, flood, tornado, mudslide, etc.).
- Amount of Grant: Up to \$2,500
- Possible Required Documentation: Photograph of damaged residence; insurance claim; fire, police, or insurance report; lodging and unexpected expense receipts / bills; repair estimates; furniture replacement bills; relocation cost invoices; etc.
- Items that Will Not be Considered: Non-necessities such as electronics, boats, and recreation vehicles; or down payments on new / used cars.

2. Funeral or Emergency Travel for Immediate Family

- Assistance for those who have incurred the loss of an immediate family member, if the employee is financially responsible for funeral arrangements.
- For employees who must travel to visit or care for a terminally ill immediate family member or escort a critically ill immediate family member to an out-of-state medical facility.
- Amount of Grant: Up to \$1,000
- Immediate Family Defined: Spouse; brother / sister; children; step-children; grandchildren; parents; step-parents; grandparents; mother / father-in-law; son / daughter-in-law / Domestic Partner (as defined for health benefits only).
- Possible Required Documentation for *Emergency Travel*: Travel receipts; statement from attending physician regarding either terminal/critical status of immediate family member or need to go to or be transferred to an out-of-state medical facility or hospice; etc.
- Possible Required Documentation for *Funeral Expense*: Copy of death certificate; statement from funeral home indicating financial responsibility of employee; copy of funeral bill; etc.

3. Personal Emergency (vehicle repair, loss of income, etc.)

- For employees who have encountered financial hardships for reasons beyond their control (spouse loss of job, unexpected loss of income, non-routine vehicle repair that restricts ability of applicant to care for self and household, etc.).
- Amount of Grant: Up to \$500
- Possible Required Documentation: Copy of lease agreement; mortgage statement; utility bills; repair estimate. Documentation of emergency incident preventing payment of household necessities; financial impact of situation; notice of job loss; paystubs; receipts, etc.

4. Medical Emergency (emergency hospitalization, injury, etc.)

- For employees who have encountered financial hardships due to medical emergencies (injury, hospitalization, loss of income during medical emergency, etc.).
- Amount of Grant: Up to \$500
- Possible Required Documentation: Copy of lease agreement; mortgage statement; utility bills; expanded medical bill. Documentation of non-elective medical incident preventing payment of household necessities; financial impact of situation; paystubs; receipts, etc.

Items that Will Not be Considered: Phone bills; cable / internet bills; credit card debt; other discretionary or elective bills; bills related to routine vehicle repairs; child support; expenses resulting from divorce or separation; medical expenses not related to medical emergencies; attorney fees; or garnishments of an employee's paycheck due to past debt.

NOTE: For all approved requests, TCF will make check(s) payable to the organizations/vendors whose services you require or have utilized (funeral home, mortgage company, utility company, hotel, etc.), but will mail the check(s) directly to applicant.

This program application and all supporting documents must be legible.

IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED, YOU MUST ATTACH SUPPORTING DOCUMENTATION. THE APPLICATION REVIEW COMMITTEE WILL NOT CONSIDER INCOMPLETE APPLICATIONS.