



PROGRAM APPLICATION

Grants provide short-term assistance to full-time employees experiencing severe financial need due to unexpected and unavoidable emergencies. Maximum of one (1) grant per calendar year & two (2) grants total per employee and his/her family during lifetime with Saint Francis Health System. Emergency call back employees are not eligible.

(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 in Household: _____

Title/Position: _____ Department: _____

Saint Francis Entity: (select one of the following)

- Saint Francis Hospital Tulsa
- Saint Francis Hospital South
- Saint Francis Hospital Vinita
- Saint Francis Hospital Muskogee
- Saint Francis Home Health
- Warren Clinic
- Laureate Psychiatric Clinic and Hospital

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

Max. Grant Amount:

- Home Catastrophe or Natural Disaster \$1,500
- Emergency Travel or Funeral Expense \$1,000
- Military Deployment \$500
- Medical Emergency \$500
- Personal 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.

(Attach additional pages if necessary.)

In order for your application to be considered, you MUST attach supporting documentation.
(See second page of application for sample list of supporting documents.)

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 Saint Francis Health System 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: _____

***E-Mail, 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: Emergency@TulsaCF.org
Phone: (918) 591-2427***



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The Application Review Committee will not consider incomplete applications. Supporting documentation must be sent to Tulsa Community Foundation (TCF) at emergency@tulsacf.org or fax (918) 856-3537. 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 call TCF at (918) 591-2427.

Events Eligible for Assistance:

1. Home Catastrophe or Natural Disaster

- Employee's personal residence destroyed or rendered unlivable by a natural or localized disaster (hurricane, fire, flood, tornado, mudslide, etc.).
- Amount of Grant: Up to \$1,500.
- 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: Insurance co-pays and deductibles; non-necessities such as electronics, boats, and recreation vehicles; or down payments on new/used cars.

2. Emergency Travel or Funeral Expense

- Available to assist those who have incurred the loss of an immediate family member, if the employee is financially responsible for funeral arrangements. Also, 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 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. Military Deployment

- To assist employee's family when they or their spouse have been called to active duty.
- Amount of Grant: A grant of \$500 once an employee or spouse is deployed for one month.
- Required Documentation: Official documentation from the military, copies of utility bills, rent/mortgage statement or other bills where assistance is needed.

4. Medical Emergency

- Employees who have encountered financial hardships for medical reasons beyond their control (illness, injury, etc.).
- Amount of Grant: Up to \$500 for treatment-associated costs or household necessities (rent/mortgage, utilities, etc.).
- Possible Required Documentation: Documentation of medical treatment; documentation of financial impact of situation; lease agreement; mortgage statement; utility bills; medical bills; etc.

5. Personal Emergency

- Employees who have encountered financial hardships for reasons beyond their control (spouse loss of job, non-routine vehicle repair, unexpected loss of income, etc.).
- Amount of Grant: Up to \$500 for household necessities (rent/mortgage, utilities, etc.).
- Possible Required Documentation: Copy of lease agreement; mortgage statement; utility bills; notice of job loss; 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; 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, construction contractor, etc.), but will mail the check(s) directly to you.