



THE TITAN "WE CARE" EMPLOYEE RELIEF FUND 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 per employee and two grants per lifetime.

(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: _____

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

Max. Grant Amount:

- | | |
|---|---------|
| <input type="checkbox"/> Home Catastrophe or Natural Disaster | \$1,000 |
| <input type="checkbox"/> Emergency Travel or Funeral Expense | \$1,000 |
| <input type="checkbox"/> Medical Emergency | \$1,000 |
| <input type="checkbox"/> Personal Emergency | \$1,000 |

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 Titan Steel & Metal Fab 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***

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 \$1,000.
- 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.

4. Medical Emergency

- Employees who have encountered financial hardships for medical reasons beyond their control (illness, injury, etc.).
- Amount of Grant: Up to \$1,000 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 \$1,000 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.