**A picture containing food, drawing, light, shirt

Description automatically generatedEmergency Assistance Application**

**Hurricane Ian (October 2022)**

The Tenet Care Fund was established to provide support during catastrophic emergency situations. The Care Fund is possible only through the generous donations of your fellow Tenet employees.  The Care Fund Board of Directors and Care Committee serve as stewards for these funds to ensure that the grants awarded meet the criteria and guidelines of the Tenet Care Fund. Assistance for emergencies and crisis situations are considered on a case-by-case basis, and ***requested funding is not guaranteed***.

**Who qualifies for *emergency* assistance?**

* Employees who are **unable** to pay for gas, housing, or food due to orders of **evacuation** from a natural disaster such as hurricane, flood, tornado, wildfire, or earthquake.
* Employees who are **unable** to pay for housing, food, clothing and other basic living essentials because a natural disaster such as hurricane, flood, tornado, wildfire, or earthquake has **damaged or destroyed** their primary residence.
* The Care Fund does not cover work hours lost due to evacuation or office closures as a result of a natural disaster.

**Emergency Application Process**

* Complete Sections A and B, and gather any supporting documentation, including but not limited to:
  + Receipts for housing, gas, food due to evacuation
  + Photos of damage
  + Repair Estimates
  + Insurance documentation
  + Documentation from other relief organizations
* Send application to your HR department.
* Your HR department will complete Section C of the application and submit it to the Care Fund on your behalf.
* Please contact your HR department for status updates.

**Section A: APPLICANT GENERAL INFORMATION**

*Please note:* All information shared will remain confidential and will only be used for application evaluation.

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| Hospital/Facility Name: | | City: | | | | | | | State: |
| Employee Name: | | | | | | Last four digits of employee  social security number: | | | |
| Employee Permanent Address (No P.O. Box): | | City: | | | | | | State: | Zip Code: |
| Employee E-mail Address: | | | | | | | | | |
| Employee Home Phone: | | | | Employee Cell Phone: | | | | | |
| ***If your application is approved,*** funds will be sent via **Direct Deposit** to the bank account on file for your paycheck.  If you do not currently receive your paycheck via Direct Deposit, please provide the address where a check should be sent. *NOTE: Care Fund direct deposit is not available for Detroit, USPI, and CareSpot employees.* | | | | | | | | | |
| Send check to: (if address is different from above)  Street       City       State       Zip | | | | | | | | | |
| Employee Position/Title: | | | | | | | Length of Employment with Tenet:        years       months | | |
| Legal Dependent Information ***(Please see definition of eligible dependents in the Application Information and Instructions section of the Care Fund website at*** [***www.tenetcarefund.org***](http://www.tenetcarefund.org)***)*** | | | | | | | | | |
| Dependent Name: | | | | | Age: | | Relationship to Employee: | | |
| Dependent Name: | | | | | Age: | | Relationship to Employee: | | |
| Dependent Name: | | | | | Age: | | Relationship to Employee: | | |
| Dependent Name: | | | | | Age: | | Relationship to Employee: | | |
| Date event or situation occurred: | | | | | | | | | |
| Provide a brief description of the situation. Include any information that will help in assessing this application: | | | | | | | | | |
| Which basic immediate living expenses do you need **emergency** assistance with? | | | | | | | | | |
| Housing | Lost/Damaged Items | | Other | | | | | | |
| Clothing | Food | |

**Section B: Employee Attestation**

**Employee Signature and Attestation**

I understand that no employee is entitled to receive a grant, either by their employment, their history of contributions to The Care Fund or because of any precedent inferred from a previous grant from The Care Fund. ***Grants will not be made before an employee has demonstrated a critical catastrophic immediate need***.

I understand further that this application will be treated in a confidential manner by The Care Fund; however, non-identifying statistical information will be reported to Tenet on a periodic basis.

Employees are expected to provide truthful and accurate information. In its due diligence, if The Care Fund discovers any information in this application to be materially untrue or fraudulent, I recognize that I may no longer expect this application to be treated confidentially and also recognize that information provided herein may be reported to Tenet.

My signature below certifies that the information provided is true and complete, authorizes The Care Fund to obtain and/or verify all information necessary to process this application, and releases Tenet and The Care Fund from any liability associated with the rejection of or funding of this application. In addition, I hereby agree to provide any requested documentation supporting the information provided.

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| Employee Applicant Signature: |
| Date: |

**Next Step:**

**Now that you’ve completed sections**

**A and B, please share the entire application and any documentation with your**

**local HR Department for final processing.**

**Section C: HR Representative Declaration**

***This section must be completed and signed by the applicant’s local HR REPRESENTATIVE.***

**HR Representative:** Please complete the checklist below to confirm this application meets eligibility and guidelines for Care Fund assistance.

* Please help your employee explore all additional avenues for assistance including EAP, 401(k) loan or hardship withdrawal, and/or government and community programs.
* If the employee has received any emergency support from FEMA, Red Cross or other organizations, please describe below.

Please provide any additional information you feel is relevant and important in understanding the applicant’s situation and supporting the financial need and hardship resulting from the situation.

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| --- |
| **HR Declaration** |
| To the best of my knowledge, this employee has experienced an emergency hardship through emergency evacuation and/or sustained damages or losses via natural disaster that necessitate financial assistance. |
| HR Director or HR Representative’s Name: |
| HR Director or HR Representative Signature: |
| Phone Number: |

**HR Representative ONLY**: Please send the signed application (in its entirety) and available documentation to the Tenet Care Fund at [CareFund@tenethealth.com](mailto:CareFund@tenethealth.com).