



## WMH Foundation Teammate Crisis Fund: Request for Funds

Please complete this form and turn in to the Human Resources Department.

Teammate Name (Print) \_\_\_\_\_ Teammate ID \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

The WMH Foundation Teammate Crisis Fund is intended to provide teammates with short term, emergency support and are experiencing a financial hardship due to a sudden, severe, unexpected event that is beyond their control. The WMH Foundation administers the WMH Foundation Teammate Crisis Fund and in its sole discretion determines incident eligibility and award amount.

- The WMH Foundation Teammate Crisis Fund is not intended to act as an income replacement fund or to help Teammates in non-critical, non-catastrophic situations.
- \$600 is the maximum amount of assistance a teammate can be granted by the committee per year.

I request to apply for \$\_\_\_\_\_ from the WMH Foundation Teammate Crisis Fund.

I am requesting assistance from WMH Foundation Teammate Crisis Fund because (please include nature of situation):

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Assistance received from the WMH Foundation Teammate Crisis Fund will allow me to:

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**Note: Medical documentation should NOT be attached to this request.**

**I understand:**

- My request for assistance will be reviewed by the WMH Foundation Teammate Crisis Fund Committee. The Committee will allocate monetary assistance to Teammates based on guidelines established for this fund. The Committee will consider such factors as the Teammate’s financial condition, nature of the Teammate/family member’s critical illness or catastrophic event, estimated length of absence from work, the amount assistance requested and the amount of funds available for allocation to Teammates;
- I cannot receive more than \$600 per calendar year;
- I will be referred to the Wayne County 211 Service to help me identify other community resources and services that may be of additional help to me; and
- The assistance I receive, if any, will be paid to me via payroll check, subject to tax withholding and other regular payroll deductions [e.g., 401(k) deductions].

**By signing below, I certify that I meet each of the following requirements to receive assistance from the WMH Foundation Teammate Crisis Fund:**

- I am benefits-eligible (i.e., I regularly work a minimum of 48 hours per pay period and am classified as “benefits-eligible”);
- I have been employed at Wayne UNC Health for at least 90 days;
- I am not currently receiving or eligible to receive income benefits from another source (i.e. short or long term disability benefit or Workers Compensation);
- I have NOT received more than \$600 from the WMH Teammate Crisis Fund during this year;
- I have demonstrated the need, if applicable;
- I am in good standing and am NOT under any type of corrective action (confirmed by manager signature below)

I understand that I may be contacted by a Wayne UNC Health Care Teammate Health Nurse for certification or clarification of any medical or mental health condition related to the situation described in the request. I understand that such information related to the medical or mental health condition that is provided to the Teammate Health Nurse will remain confidential and will not be shared with the WMH Foundation Teammate Crisis Fund Committee. I understand that failure to provide the information requested may result in my request being denied.

Teammate Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

## **WMH Foundation Teammate Crisis Fund Guidelines**

The Teammate Crisis Fund is intended to assist Teammates who financial assistance due to critical illness or other catastrophic event. Each request will be handled on a case-by-case basis.

The program is not intended to act as an income replacement fund, nor is it intended to benefit Teammates in non-critical, non-catastrophic situations.

- Teammates receiving or eligible to receive income benefits from another source will be ineligible for WMH Foundation Teammate Crisis Fund with the exception of the time during a waiting period for the benefit.
- Requests from Teammates who have returned to work, have not begun missing time or are missing time intermittently are considered income replacement because they are receiving paychecks and are accruing PTO
- Requests submitted from Teammates who have returned to work but are still receiving treatment and need money for co-pays, medical bills, household bills are generally considered income replacement because the Teammate is receiving a paycheck and accruing PTO

## **FAQs about Requesting Assistance through the WMH Foundation Teammate Crisis Fund**

### **Am I eligible to request WMH Foundation Teammate Crisis Fund assistance?**

To be eligible to receive benefits from the WMH Foundation Teammate Crisis Fund, you must:

- Have experienced a critical illness or other catastrophic event
- be a benefits-eligible Teammate with at least 90 days of service with Wayne UNC Health Care
- not have received more than \$600 from the WMH Foundation Teammate Crisis Fund this year
- be in good standing and not under any type of progressive corrective actions

### **If I am granted assistance from the WMH Foundation Teammate Crisis Fund, will it be taxed?**

Yes, when you receive assistance, deductions will be taken from your check including taxes.

### **Is there a maximum amount of WMH Foundation Teammate Crisis Fund dollars that I can receive?**

Yes, you may be awarded no more than \$600 per calendar year.

**I received assistance from the WMH Foundation Teammate Crisis Fund, but we are still facing huge medical bills, prescriptions, and co-pays. Are there other resources available for Wayne UNC Health Care teammates going through a difficult time?** Yes. When you apply for the WMH Foundation Teammate Crisis Fund, you will also be referred to the Wayne UNC Health Teammate Assistance Program. This program provides resources for Teammates and family members dealing with difficult times in relationships, a need for financial assistance, a need for legal assistance, illness or death of someone close to you, alcohol and drug use, difficulty with parenting, marital problems and divorce, and pressures associated with work or career. The phone number is: