Singing River
Foundation

Employee Application for Assistance Instructions

Singing River Foundation is proud to offer the Employee Relief Fund which assists Singing River Health System employees with short-term financial assistance during unexpected and unavoidable emergencies causing a financial burden. Employees are eligible to apply under multiple circumstances (see next page for more details), however **all other available resources** such as insurance, disability coverage, etc. should be used first. Any assistance the Foundation may provide is usually limited to one recipient per household.

Please complete the application in its ***entirety*** and ***provide documentation of the need*** for assistance. Incomplete applications will be returned.

Applications will be reviewed by the Singing River Foundation Board of Directors and Executive Director. ***Please allow 3-4 business days for a decision to be made.***

Email, mail, or fax the completed application to:

Singing River Foundation
3109 Bienville Blvd
Ocean Springs, MS 39564

Phone: (228) 818-4011
Fax: (228) 818-4014

SingingRiverFoundation@mysrhs.com

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Employee Relief Fund Guidelines

The following guidelines, while not all inclusive, are provided to assist the employee in determining if it is appropriate to request assistance from the Employee Relief Fund.

Expenses that will be considered:

- ***Home Catastrophe/Natural Disaster***
  Personal residence is destroyed or rendered uninhabitable by a natural disaster such as hurricane, tornado, flood, fire, etc. Funds will NOT be distributed to individuals merely because they are victims of a disaster; a financial need must exist.
- ***Funeral Emergency Travel Expenses***
  Employees who have incurred the loss of an immediate family member (spouse, sibling, children, step-children, parents, grandparents, and in-laws) and the employee can demonstrate significant financial difficulty paying for emergent travel expenses to attend the funeral.
- ***Personal or Medical Emergency***
  Employees who have encountered financial hardships for reasons beyond their control such as medical emergency for themselves and/or immediate family.

Expenses that will NOT be considered:

- Longstanding financial problems not related to a specific event do NOT meet the criteria of the fund.
- Credit card debt, child support, attorney fees, garnishments, discretionary or elective bills such as cable and cell phone, or past due bills of a similar nature do not meet the criteria of the fund.

Maximum assistance is usually limited to the lesser of the need or $1,000.

3109 Bienville Boulevard | Ocean Springs, MS 39564
(228) 818-4011

www.SingingRiverFoundation.org

Singing River Foundation

EMPLOYEE
Application for Emergency Assistance

Please print clearly.

Date Submitted:

Employee Name:

Amount Requested:

Employee Date of Birth:

Employee SSN:

Employee Address:
_____
_____
_____
_____

Other Assistance: *(Red Cross, United Way, family, food stamps, etc.)*
Source _____
Amount _____
Source _____
Amount _____

Employee Phone:
Work _____
Home _____
Cell _____

Employee Department:
Facility_____
Length of Employment _____ yrs. _____ mo.
Director _____
Director's Phone_____

Income:
Patient Salary - Before deductions - $_____
○ hourly ○ weekly ○ bi-weekly ○ monthly ○ yearly
Patient Salary - after deductions - $_____

Spouse Salary - Before deductions - $_____
○ hourly ○ weekly ○ bi-weekly ○ monthly ○ yearly
Spouse Salary - after deductions - $_____

Other Income: *(social security, VA, workman's comp, retirement, child support, etc.)*
Source _____
Amount _____
Source _____
Amount _____
Source _____
Amount _____

Dependents:
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Banking Information:
Checking Balance_____
Bank _____
Savings Balance
Bank _____
Other Balance _____
Source _____
Other Balance _____
Source _____
Other Balance _____
Source _____

Housing Expenses:
Own - mortgage payment $_____
Rent - monthly payment $_____

Other Monthly Expenses: Cable $_____
Utilities $_____ Food $_____
Clothing $_____Vehicle $_____
Cell $_____ Misc $_____

Creditors:

Name	Monthly Pmt	Balance
_____	_____	_____
_____	_____	_____

Total Combined Income _____
Total Combined Assets: _____
Total Combined Expenses _____

Describe your emergency and specific needs in detail. Please attach supporting documentation and your most recent pay stub.

I hereby certify, to the best of my knowledge and belief, the above information to be true and correct and give my permission for the Singing River Health System Foundation (Foundation) to verify this information, including with my supervisor and Singing River Health System Human Resources Department. I understand any intentional false statements will be considered an attempt to commit fraud upon the Foundation and will result in denial of my request for assistance. Additionally, I authorize Singing River Health System to disclose any confidential and/or financial information to the Foundation and Foundation Board of Directors as it pertains to the above emergency. I further authorize the Foundation and Singing River Health System Human Resources Department to disclose any confidential and/or financial information to other community agencies to determine if I am eligible to receive assistance from such agency.

Signature of applicant: _____ **Date:**_____

FOR FOUNDATION USE ONLY

Date: ◯ **Approved** ◯ **Denied**

Comments:

Signature: