

The Country Club of Charleston Employee Assistance Fund

APPLICATION FOR ASSISTANCE

THE PROGRAM: The Country Club of Charleston Employee Assistance Fund helps employees who are experiencing economic hardship and are unable to afford housing, utilities, and other basic living needs because of a **natural disaster; life-threatening illness or injury; death or other catastrophic circumstances; or military deployment.**

ELIGIBILITY: All Country Club of Charleston employees below the department head level who are in good standing; have been employed for at least one year; and regularly work at least 20 hours per week are eligible to apply for assistance from The Country Club of Charleston Employee Assistance Fund. If an employee is deceased, then a spouse or eligible dependent may apply. **An employee can only be approved for assistance once within a 12-month period.**

GRANTS: All payments are made directly to vendors as bill payments; no assistance funds will be sent directly to applicants and applicants will not be reimbursed.

SECTION A: WILL YOU QUALIFY?

- You must meet the eligibility requirements above.
- The qualifying incident must have happened within the past 60 days.
- Your situation MUST fall into one the following categories:
 - Natural Disaster:** For situations, such as a wildfire, flood, tornado, hurricane, severe storms or earthquake, that have damaged or destroyed the employee's primary residence. The Fund cannot pay to repair other property and cannot pay to replace non-essential items, such as electronics or furnishings. *Photographs or insurance reports may be required.*
 - Life-Threatening or Serious Illness or Injury:** The Fund is not a substitute for medical insurance and employees do not automatically qualify for a grant when they are diagnosed with or suffer a life-threatening or serious illness or injury. There must be resulting financial need including an inability to pay basic, immediate living expenses. *Doctor confirmation or medical documentation will be required.*
 - Death Incident:** This includes the death of the employee, spouse or eligible dependent(s). The loss of income, cost of burial or funeral expenses, or remaining medical costs of the deceased prevents an employee or the employee's family from affording basic, immediate living expenses. This program cannot pay for caskets, grave markers, burials or other funeral expenses. *Copy of the death certificate or obituary will be required.*
 - Catastrophic Circumstance:** This includes but is not limited to: fire, major home damage that could not be prevented, serious crime against the employee (robbery, arson, assault, domestic abuse, extreme vandalism), or another reportable incident beyond the employee's control that impacts the ability to afford basic needs. Catastrophic circumstances do not include: credit card debt, home foreclosure, wage garnishment, bankruptcy, child support payment, car repair, taxes, or accumulated financial distress. *Police, Fire or other official incident report may be required.*
 - Military Deployment:** Extraordinary expenses in conjunction with deployment that results in financial need including an inability to pay basic, immediate living expenses.

SECTION B: YOUR GENERAL INFORMATION

Employee Name (please print clearly): _____
Permanent Address: _____
City: _____ State: _____ Zip: _____ County: _____
Daytime Phone: (_____) _____ Is it okay to leave you a message? YES NO
Other Phone: (_____) _____ Is it okay to leave you a message? YES NO
Current Mailing Address (if different from above): _____
** Approval notification is sent to you by mail, City: _____ State: _____ Zip: _____ so please provide a valid mailing address **
Date of Hire: _____ Job Title: _____ Supervisor: _____

Employee Name (please print clearly): _____

SECTION C: DESCRIBE YOUR SITUATION

Please be thorough in your descriptions and explanations below. Feel free to use additional paper if necessary, to fully explain your situation. Additional relevant information, even if not specifically requested, is welcome.

Type of incident or event: _____ **Date occurred:** _____
(example: tornado, fire, flood, type of injury, name of illness, domestic abuse) **(must be within past 60 days)**

How have you been affected by the situation? _____

Are you covered by medical or disability insurance? _____ Have you applied for disability benefits? _____

If your home was damaged, will insurance cover part of the cost? _____ Your deductible amount? _____

How many people live in your household? Number of adults _____ Number of children _____

Describe the incident in detail: What happened? _____

Describe how the incident has caused your financial hardship: How has this made it hard to afford your basic living needs?

Estimate the financial impact of the incident: How much has this cost you? _____

Please tell us anything else that would help us understand the hardship you or your family are experiencing. **If this application is being completed by someone other than the employee (as in the case of death or other inability to complete the form), please explain and provide a contact name and information.** _____

Have other resources been considered or used, such as American Red Cross, Salvation Army, local faith organizations, or other, similar social services agencies? Describe those efforts and the response you received:

Employee Name (please print clearly): _____

SECTION D: ASSISTANCE GRANTS

Grants are **only** to help pay for limited types of essential living expenses, which are:

- Rent, mortgage or other housing payments, temporary housing and security deposits for new housing
- Essential utility bills (electricity, heat, water)
- Medical expenses incurred within past 60 days related to the incident and not covered by insurance
- Home repairs needed to maintain your home in a safe and livable condition (not from deferred maintenance)

Examples of expenses for which grants cannot be made:

- Insurance premiums, co-pays or items which are covered or should have been covered by insurance
- Routine living expenses such as car maintenance, telephone, cable, or internet
- Non-essential items such and furniture, appliances, electronics, cosmetic or discretionary surgery
- Unexpected expenses that do not cause a hardship or cannot be thoroughly documented
- Less than expected bonuses, commissions, or other pay that typically fluctuates
- Personal debt such as property or income tax, child support, credit card debt, loans, car payments
- Expenses that do not impact your immediate household, or are not your responsibility
- Accidental damage due to negligence, deferred/neglected maintenance
- Legal expenses, fees or fines

If the application is approved, payments will be made on your behalf to the vendor(s) you list. **All grants are made directly to vendors as bill payments; no assistance funds will be sent directly to you, and no reimbursements can be made.**

Provide the name of the vendor to be paid, the complete address, the account number or identifying information, amount due, and due date. Grant amounts may vary based on availability of funds, so please list the vendors in order of priority. **For each vendor, attach appropriate documentation (bills, lease, mortgage coupon, statement, etc).**

NOTE : We cannot make payments without complete information, full account numbers or other payment information, addresses and documentation. Omitting this information will delay your application.

Vendor/Biller Name	
Complete Mailing Address for Payment	
Basic Need Covered	
Payment Amount & Due Date	
Account Number or Identifying Information	

Vendor/Biller Name	
Complete Mailing Address for Payment	
Basic Need Covered	
Payment Amount & Due Date	
Account Number or Identifying Information	

Vendor/Biller Name	
Complete Mailing Address for Payment	
Basic Need Covered	
Payment Amount & Due Date	
Account Number or Identifying Information	

Employee Name (please print clearly): _____

Application Checklist:

Please remember:

- ✓ Carefully read the requirements to be sure you qualify
- ✓ Include a copy of your pay stub or payment statement if necessary
- ✓ Complete all Sections of the application and sign Section E: Declarations and Agreement
- ✓ Attach copies of documentation such as: bills, leases, mortgage coupon or statement
- ✓ Include all required documentation (medical, police & fire reports, obituaries, etc.)

SECTION E: DECLARATIONS AND AGREEMENT

No employee is entitled to receive a grant, either by their employment or because of any precedent inferred from a previous grant from The Fund. Grants will not be made before an employee has demonstrated an immediate financial need and provided all required documentation.

This application will be treated in a confidential manner by The Country Club of Charleston Employee Fund Board.

Employees are expected to provide truthful and accurate information. In its due diligence, if The Fund Board discovers any information to be untrue, it shall have the right to unilaterally waive its confidentiality and report its findings. The fiduciary expectations of all Country Club of Charleston employees are paramount and a breach of these standards will be reported to CCC.

Your signature below certifies that the information provided is true and complete, authorizes The Fund Board to obtain and/or verify all information necessary to process this application, and releases The Country Club of Charleston and The CCC Employee Fund Board from any liability associated with the rejection of or funding of this application.

Applicant's Signature: _____ Date: _____

Each application for a grant must include:

- Assistance Application
- Vendor documentation (bills to be paid)
- A copy of the death certificate or obituary notice if applicable
- Police, Fire, or other official incident report if applicable
- Medical documentation if needed
- Copy of paystub or payment statement if applicable
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Mail or fax completed and signed application with requested documentation to:

**The Country Club of Charleston
Employee Assistance Fund, INC.
1 Country Club Drive
Charleston, SC 29412
Phone: 843-795-0422
Fax: 843-406-0879**