


The COVID-19 Relief Fund

Application

A COVID-19 Grant, from Bank of America Charitable Foundation, has been awarded to Yale New Haven Health System to provide limited financial support to employees of Bridgeport Hospital, Greenwich Hospital, or Yale New Haven Hospital, who earn \$38,280.00 or less a year and have experienced an immediate, serious and temporary financial hardship due to the COVID-19 pandemic.

Please use the checklist below to help you complete the application and submit all required information.

Application Checklist	Check here  when completed
Meet eligibility criteria for Grant <ul style="list-style-type: none"> • Experienced financial hardship due to the COVID-19 pandemic after March 13, 2020 • Current active benefits-eligible (non per diem) employee • Have worked at Yale New Haven Health System continuously for at least 6 months • The expense is solely the responsibility of the employee • Employment in good standing: no written warnings or above in 6 months prior to application 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Complete and sign the application	<input type="checkbox"/>
Attach the following required financial documentation: <ul style="list-style-type: none"> • Your two most recent paychecks • Copy of invoice, statement or receipt from creditor indicating the amount of the financial assistance requested and how the funds will be used • Documentation to support your application 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Make a copy of entire application, along with required documentation	<input type="checkbox"/>

Please send the completed application in an envelope marked “Confidential” and submit to your local Human Resources office.

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Please complete this application in its entirety and provide all documentation specified. No action will be taken unless the application is complete. The Committee will review applications on a weekly basis. You will be notified of acceptance or denial within approximately 5-7 business days of receipt of the application. All application materials will be retained by Human Resources and will be kept strictly confidential.

Personal Information

Please print clearly

Employee Name:		Employee ID:
Home Address:		
City:	State:	Zip:
Preferred Email Address:		
Preferred Phone#: (____) _____ - _____	Work Phone#: (____) _____ - _____	Status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Organization:		
Department:		Date of Hire:
Supervisor:		Years of Service:

Have you applied in the past? YES NO

If yes, when? _____

I certify that the information provided in this application is complete and accurate and that my financial hardship is genuine. I certify that all supporting documents provided are valid and accurate. I understand that my application will not be considered for financial assistance if it is found to contain misleading information. I understand that all of my information will be kept strictly confidential and I give permission to the Grant Committee to provide required information to the internal departments and/or external consultants who are involved in the administration of the Grant.

Employee Signature

Date

Office Use Only:

Date Received: _____

Application Number: _____

What is the nature of the emergency situation for which you are requesting assistance?

- COVID-19 related financial challenges for a dual income household that has been reduced to living on a single income, due to loss of employment by COVID-19. Funds may assist with mortgage or rent payments or utility bills or a monthly car payment.
- COVID-19 related financial challenges with transportation work expenses. Employees using public transportation fear exposure to COVID-19. Many choose to use taxi cabs, Uber or Lyft, which is a significantly higher cost than the bus. Funds may support taxi or other transportation needs.
- COVID-19 impact on child care closures and hospital child care. These employees will need financial assistance to obtain alternative day care arrangements and face additional child care expenses that were not budgeted prior to the pandemic. Funds may support day care needs.
- COVID-19 impact on cost of groceries and essentials, which have increased dramatically. In addition to food, families need access to essential items (diapers, wipes, disinfectant products, toiletries, etc.), which are subject to national shortage. Funds may support employee costs with groceries.
- Other:

Details of your request:

1. Date the situation occurred: _____
2. In your own words, please describe the details of your request:

3. Do you have a network of family and/or friends to support you during this emergency? YES NO
4. Have you contacted the Employee and Family Resources program for confidential counseling and support during your time of emergency? YES NO
5. Have you received unemployment or other COVID-19 Relief funds during this time? Please provide supporting documentation to validate assistance received or denied. YES NO
6. Please describe your most immediate need for financial assistance at this time:
 - a) Funds to be used for: _____
 - b) Name of creditor: _____
 - c) Address of creditor: _____
 - d) Amount of funds requested: \$ _____
7. Has COVID-19 resulted in your missing work? YES NO
8. Do you have sufficient accrued benefit time balance to use during this time? YES NO

Household Information

Your current living situation: Own a home Rent

List all individuals who reside in your household and how much they contribute toward household expenses:

Relationship (e.g., spouse, significant other, child, grandchild, roommate, parent, etc.) Do NOT include names	Age	In School	Amount Contributed Per Month to Pay for Household Expenses
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Financial Information

Monthly Income After Taxes

Employee Pay (Your take-home income each month)	Other Employee Income Sources Per Month	Additional Household Income (spouse, partner, etc.)	Total Income (take-home income per month)
\$ _____	\$ _____ <input type="checkbox"/> Child support <input type="checkbox"/> Alimony <input type="checkbox"/> Govt. Assistance <input type="checkbox"/> Work. Comp. <input type="checkbox"/> Other Jobs	\$ _____	\$ _____

***Submit copies of your two most recent payroll earnings statements with application.**

Other Financial Assets

Please provide an estimate of the other financial assets you currently have to support you during this emergency:

Type of Asset	Name of Institutions (s) (Bank, Credit Union, etc.)	Estimated Account Balance
Checking, savings and money market accounts		\$ _____
Other personal investment accounts (do <u>not</u> include any retirement accounts - retirement accounts or IRA's)		\$ _____
Other assets: (Explain)		\$ _____
Total Liquid Assets		\$ _____

Monthly Living Expenses

Please list all monthly expenses below. Submit a copy of the most recent statement or bill from any creditor listed below if you are requesting payment to the creditor as part of your application:

Monthly Expenses	Estimated Monthly Payment	Balance Due on Account (if applicable)
Mortgage or Rent	\$	\$
Homeowner's/renter's Insurance & taxes	\$	\$
Utilities (electric, water, gas, cable/TV)	\$	\$
Phones	\$	\$
Auto expenses (loan, insurance, gas)	\$	\$
Food and household necessities	\$	\$
Credit card expenses (combined all credits cards)	\$	\$
Educational (current tuition, school loans or supplies)	\$	\$
Medical expenses	\$	\$
Child and/or elder care	\$	\$
Other monthly expenses, explain:	\$	\$
Total Expenses	\$	\$

Community Outreach

Which of the following community resources have you contacted to date? Please provide supporting documentation to validate assistance received or denied.

Agency	Date Contacted	Summary outreach effort
United Way – 211		
Employee and Family Resources		
Community Action		
State or Federal Assistance (ex. Unemployment benefits)		
American Red Cross		
Local Utilities		

Please provide any additional documentation.