



## ST. FRANCIS EMPLOYEE EMERGENCY FUND ELIGIBILITY GUIDELINES

The St. Francis Employee Emergency Fund provides confidential emergency financial assistance for employees of St. Francis Regional Medical Center who face unusual and severe financial strain due to a sudden crisis outside of the employee's control, usually a tragic and isolated event.

Employees may receive **one emergency grant in the maximum amount of \$1000 within a 12-month period. An employee may receive three emergency grants during their lifetime.**

St. Francis employees who make voluntary donations to the Employee Emergency Fund are not allowed to earmark their donations for a particular recipient and employees making donations to the Fund are not guaranteed an emergency grant if they apply for assistance.

To be eligible for this assistance:

- You must be a current employee of St. Francis Regional Medical Center. You must have been an employee at St. Francis Regional Medical Center for at least 6 consecutive months.
- You must be experiencing unusual and severe financial strain.
- You must have explored other resources, such as those offered through the Allina Employee Assistance Program (free counseling services at 1-800-531-5145); other financial sources (family, friends, place of worship or county/government agencies); and the Spiritual Care Department at St. Francis (952-428-2002). For more resources, refer to CAP Agency Resource Directory available from the Foundation.
- Your financial strain must be the result of a tragic and isolated event, which is outside of your control. (Although the Fund is sympathetic toward employees in constant financial strain, grants cannot be given when the financial strain is not a tragic and isolated event.)

### ***Examples of crisis events include:***

- *serious illness*
- *fire*
- *tornado*
- *flood or other natural acts of disaster*
- *act of terrorism*
- *victim of crime*
- *death*

### ***Examples of approved requests include:***

- *emergency travel*
- *funeral or burial expenses*
- *groceries*
- *mortgage or rent payments*

### ***Examples of requests not approved include:***

- *automobile insurance premiums*
- *automobile repairs*
- *bills or invoices not in employee's name*
- *cable or satellite television*
- *credit card debt*
- *elective expenses*
- *expenses incurred while on strike*
- *grants to family members*
- *legal or professional fees*
- *long distance phone bills*
- *medical bills or durable goods covered by insurance*
- *property taxes*
- *tuition/school loan*
- *utility bills*

To determine your eligibility or discuss your situation please make a **confidential phone call to Tamara Severtson at 952-428-2551 or Joan Fawcett at 952-428-2072.**

## APPLICATION PROCEDURE

To apply:

1. You must complete the confidential Application for Assistance. You can pick up a copy of the Application from the Foundation office in Care North at St. Francis Regional Medical Center. Applications can be submitted by the employee experiencing financial strain or by a co-worker on behalf of the employee.
2. You must attach copies (not originals) of bills or invoices that need to be paid. These are required for check requests and demonstrate the purpose for which the funds will be used. For consideration of rent payment, attach a signed statement from the landlord or a copy of the lease agreement stating the monthly rent amount and the landlord's phone number.
3. Send the completed application and copies of bills/invoices in a CONFIDENTIAL envelope (interoffice mail or U.S. mail) to: St. Francis Employee Emergency Fund, Saints Healthcare Foundation, 1455 St. Francis Avenue, Shakopee MN 55379 or deliver to Tamara Severtson or Joan Fawcett in the Foundation office.
4. If your application is not complete it will be returned. You cannot be considered for a grant if you do not turn in a complete application.

## REVIEW OF YOUR APPLICATION

- The St. Francis Employee Emergency Fund Committee reviews applications. Several St. Francis employees serve on the Committee without monetary compensation.
- The Committee meets in person or electronically reviews requests. The Committee will determine the need for emergency assistance, and make the final decision concerning your application. Your identity is not revealed to the Committee.
- Immediate needs (such as sudden illness or death) that cannot wait for full Committee review are handled through a personal interview of the applicant by a committee member.
- **Approval of funds is based on an objective standard of a demonstrated, sudden, and severe financial strain resulting from a tragic and isolated event, which is outside of the employee's control.**
- **Approval for funds is not based on, influenced by or related to the employee's position, services or duties.**

## ADMINISTRATION OF FUNDS

- You will receive written notice within 3 business days of the Committee's review telling you whether or not you will receive funding, pending any additional questions the committee might have to process your application.
- Money granted cannot be in excess of need and is paid to a specified third party on your behalf rather than directly to you. This is why you must provide a copy of the bills or invoices that need to be paid, e.g., signed letter/lease agreement from landlord.
- We know you are struggling with a very difficult situation. We offer up a special prayer request in the St. Francis Chapel for any employee applying for emergency funds. Names and specifics are never disclosed.



**ST. FRANCIS EMPLOYEE  
EMERGENCY FUND  
Confidential Application for Assistance  
Please read the guidelines before  
completing this application**

**Section One:**

**Date** \_\_\_\_\_

If you are applying on behalf of another employee, please complete this section otherwise go to Section Two.

Your name: \_\_\_\_\_

Your Relationship to the Employee \_\_\_\_\_

Dept: \_\_\_\_\_ Ext: \_\_\_\_\_

**Section Two:**

Date of Application \_\_\_\_\_

Employee Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone with area code \_\_\_\_\_ Work phone \_\_\_\_\_

Date of Hire (must be employed at least 6 consecutive months at St. Francis) \_\_\_\_\_ Employee # \_\_\_\_\_

Department \_\_\_\_\_ Site \_\_\_\_\_

**Section Three:**

Grant amount requested \$ \_\_\_\_\_ Please attach **Copies (no originals) of bill or invoice needing payment**

When is money needed? \_\_\_\_\_

Describe other sources of help you have explored. Include dates, agency contacted, name of individual you talked to for help, For example:

- Allina Employee Assistance
- CAP Agency
- Family
- Friend
- Place of worship
- County/government agencies
- Other: \_\_\_\_\_

---



---



---

**Section Four:**

What crisis is causing your financial need?

- Serious Illness       Fire       Tornado Damage       Victim of Crime       Other \_\_\_\_\_
- Flood or other natural acts of disaster     Act of Terrorism       Death of Family Member

Please provide details on the crisis you are experiencing: \_\_\_\_\_

---



---



---



---

Tell us what the money will be used for?

---



---



---



---



---

**Section Five:**

Describe your Plan of Action to pay future expenses, e.g., how will you make sure you can pay future rent/mortgage payments?

---



---



---



---



---



---

**Section Six:**

\_\_\_\_\_ I have read and understand the St. Francis Employee Emergency Fund Eligibility Guidelines.

\_\_\_\_\_ My signature authorizes the Saints Healthcare Foundation to contact my landlord or other necessary third party individuals.

Signature \_\_\_\_\_

Send this completed application and attachments in a CONFIDENTIAL envelope to:

Employee Emergency Fund  
 Saints Healthcare Foundation  
 1455 St. Francis Avenue  
 Shakopee, MN 55379

We cannot consider your application if it is incomplete and we will return it to you.