

Ascension St. Vincent Associate Financial Assistance Program

Policy

Ascension St. Vincent and its subsidiaries ("Ascension St. Vincent") are committed to facilitating opportunities for associates to help co-workers who are experiencing challenging short-term situations. In order to stay true to this commitment, Ascension St. Vincent has decided to support the Associate Financial Assistance Program (the "Program"). The Program is considered independent of Ascension St. Vincent, is funded only by associate contributions, and is administered by a committee of representative associates (the "Program Committee"). Through a confidential process, financial assistance is provided in the form of grants to selected eligible associates who have applied for assistance according to the rules of the program.

Purpose

These Program funds are available to provide financial assistance in the form of grants to associates, to pay for basic needs, such as rent and utilities.

Background

The current Program follows in the footsteps of other programs created in Indianapolis and Evansville. In Indianapolis, the \$34.77 Program was established in 1989 and was named in honor of the amount of money the first four Daughters of Charity brought with them when they came to Indianapolis on April 26, 1881 to establish St. Vincent Hospital. In Evansville, the Program was first called Care of the Poor Fund and established in 1997. In 2001, it was renamed as the Associate Benevolence Fund. The current Program and its predecessors have relied strictly on donations from associates to provide financial assistance for associates. Money for the Program is collected through, and maintained by, the Ascension St. Vincent and Ascension St. Vincent Evansville Foundations.

Eligibility and Process

Eligible associates are those working at Ascension St. Vincent or any of its other locations. The term eligible associates does not include non-employed health care providers working at an Ascension St. Vincent location. The Program is not part of an associate's benefits and there is no guaranteed right to be selected to receive assistance by the Program. In addition, availability of assistance may depend upon a variety of factors, including availability of funds. Furthermore, the Program Committee is responsible for decisions regarding eligibility, grant recipients, and administrative matters, including changes or termination of the Program. Associates can apply for assistance after reviewing the Program Guidelines and completing the application found at the end of this document.

This Program is intended to comply with all applicable state and federal laws, rules, and regulations.

Program Guidelines

Ascension St. Vincent Associate Financial Assistance Program

The Ascension St. Vincent Associate Financial Assistance Program (the "Program") is available to eligible associates. The following are factors used to guide the decisions related to eligibility and requirements.

1. To be eligible, an associate must be a full- or part-time employee (no less than 0.5 FTE) and be employed for at least six months prior to the financial assistance request. The associate must be either:
 - a. An Ascension St. Vincent associate;
 - b. An Ascension or Ascension subsidiary associate assigned to an Ascension St. Vincent location; or
 - c. A Touchpoint associate assigned to an Ascension St. Vincent location.

The term eligible associate does not include non-employed health care providers working at an Ascension St. Vincent location.
2. The associate must complete an application and turn in the following to the Ascension St. Vincent Provider Associate Care Teams ("PACT") representative or to the Ascension St. Vincent Evansville/Warrick Financial Assistance Representative ("Coordinator"):
 - a. Application
 - b. Most current paystub
 - c. Associate ID number
 - d. Copy of bill or a quote showing proof of need. Examples include utility shut-off notices, overdue rent/mortgage, car repair quote, etc.

3. Applications can be found online and sent to:

	All applicants excluding those at Ascension St. Vincent Evansville/Warrick	Applicants at Ascension St. Vincent Evansville/Warrick
To Access Application and Guideline	Dovenet>Associate Information Center>Associate Crisis Support Services> (tab for application/guidelines) If a paper copy is desired, call the number below.	http://intranet.stmarys.org/body.cfm?ID=18 If a paper copy is desired, call the number below.
To Submit by Email:	financial@stvincent.org	srjanemcc@stmarys.org
To Submit by Fax:	317-338-8616	N/A
To Submit by Mail:	Ascension St. Vincent Financial Assistance Program 8550 Naab Road Indianapolis, IN 46260	Ascension St. Vincent Evansville/Warrick Associate Financial Assistance Program c/o Ascension St. Vincent Evansville Foundation 3700 Washington Avenue Evansville, IN 47714
For Questions (Mon. – Fri. 8 a.m. 5 p.m.):	(317) 338-4900 or 1-800-544-9412	(812) 485-4265

4. The associate must sign the application certifying that all information in the application is accurate and true.

5. The Coordinator will review the application to verify the associate's eligibility.
6. All identifying associate information will remain confidential at all times except to the Coordinator who receives the grant application.
7. The Program Committee will recommend either approval or denial of the request.
8. There will be one Program Committee for Ascension St. Vincent Evansville/Warrick and one Program Committee for the remainder of Ascension St. Vincent. Each Program Committee will have 5 – 15 associate representatives. These associates agree to volunteer for the Program Committee for a 2 year period. At the end of the 2 year term, the Coordinator will contact the representative to see if they wish to remain on the committee for another term or not. Departments represented on the Program Committee may include but are not limited to:
 - a. AAP
 - b. Mission Integration
 - c. Patient Relations
 - d. Human Resources
 - e. Nursing
 - f. Touchpoint
 - g. Medical Group
 - h. Foundation
9. Grants will only be considered for immediate necessities or catastrophic events.
 - a. Examples of immediate necessities are: rent/mortgage payments, utilities, car repairs, furnace and water heater repairs, and other urgent needs as identified by the associate and agreed upon by the Coordinator and Program Committee.
 - b. Examples of catastrophic events are: house fire, funeral expenses of a spouse/child, or natural disaster.
10. Grants will not be considered for non-essential and non-emergent needs such as home improvements, down payment on a house, cable television, internet, vacations, weddings, consolidation of debt, payments for student loans, payday loans, credit card debt, attorney fees, tuition, replacement of income due to suspension from work, fines, licenses and certifications, etc.
11. Grants will not be approved for anything that conflicts with the Ethical and Religious Directives for Catholic Healthcare.
12. Exceptions may be considered in extreme circumstances by the Coordinator. Factors considered in the decision to make an exception include the severity and urgency of the hardship and also the associate's access to other resources.
13. Grants cannot exceed \$2,000.00 in a three year period.
14. Only 1 grant may be received in a 12 month period.

15. The Coordinator or the Program Committee makes the determination to approve or deny the request.
16. All decisions are final.
17. If the grant request is denied, the applicant cannot apply again for 6 months.
18. The associate is informed of the decision normally within 3 business days after submitting the application.
19. If approved, a check is made out to a vendor only. No checks are issued in the associate's name.
20. After approval, the vendor will receive a check within 2 weeks of the decision or, at the Coordinator's discretion, a check made out to the vendor can be handed to the associate.
21. After a second grant is approved, the associate is required to receive financial counseling.
22. The Coordinator or the Program Committee may make recommendations to other agencies or programs for assistance such as the AAP (Associate Assistance Program), Ascension Care Management, RUAH, Budget Counseling, or the United Way.
23. An associate is required to follow any recommendations from the Coordinator and the Program Committee.
24. If the associate does not follow the recommendations, he or she will not be considered for additional grants for a period of 3 years from the previous grant.

**Program Application
for Ascension St. Vincent Associate Financial
Assistance Program**

This application is confidential

See Guidelines for Eligibility Requirements

No action will be taken unless all information and documentation of bills are provided.

For all Ascension St. Vincent associates other than Evansville & Warrick who need help completing this application or have questions, please call the Provider Associate Care Team (PACT) representative at 317.338.4900 or 1.800.544.9412. Ascension St. Vincent Evansville & Warrick associates should call 812.485.4265 for assistance.

I hereby certify that the information provided below is complete and accurate. I understand that I may contribute to the Ascension St. Vincent Indiana Associate Financial Assistance Program when my financial situation improves by contributing to the Ascension St. Vincent Indiana Associate Financial Assistance Fund in the Ascension St. Vincent Foundation directly or by payroll deduction.

I also agree to follow through with all recommendations given and understand if I do not, I may not be able to receive any more grants.

Associate Signature: _____ **Date:** _____

PERSONAL INFORMATION:

Associate Name	Home Address	City/State/Zip
Home Phone # () _____ - _____	Work Phone # () _____ - _____	Cell Phone # () _____ - _____
Associate ID #	Employer	Hire Date
Email	Job Title	

HOUSEHOLD INFORMATION:

Single Married Separated/Divorced Widowed

➤ Other adults living in the household:

- Names _____ Employer(s) _____
- Names _____ Employer(s) _____
- Names _____ Employer(s) _____

➤ # of children claimed on income tax _____ (Under 18 and/or under the age of 24 if child is in college and applicant is paying for more than 50% of child's expenses)

○ Ages of children: _____

1. Is this financial crisis a result of illness or missed work? Yes No

• If from illness or missed work, has all vacation and sick time been used?

Yes No

2. How long do you think this crisis will last? _____

3. Which of your bills need paid first?

Vendor

Amount

4. Please provide the following information:

a) Do you or your family have medical insurance? Yes No

b) Are you currently or have been within the past 7 years under a bankruptcy agreement?

Yes No

If YES, what type: Chapter 7 Chapter 13

(Date of Chapter 13 Bankruptcy Termination: _____)

b) Have you talked to a Debt Consolidation service and/or are you under agreement with a Debt Consolidator?

Yes No **If NO, would you like information on this type of service?** Yes No

c) Have you tried to make payment arrangements with creditors? Yes No

If YES, please explain arrangements by creditor:

Creditor Name : _____

Arrangement _____

Creditor Name : _____

Arrangement _____

5. Do you receive help from: SNAP TANF

6. Have you looked into any outside community resources for this financial crisis?

Yes No

If YES, what are those resources:

7. If your application is denied, what other options do you have?

8. Would you like counseling support at this time? Yes No

INCOME AFTER TAXES:
(last pay check)

YOU <i>(Pay Check Amount)</i>	SPOUSE/PARTNER/OTHER HOUSEHOLD MEMBERS <i>(Pay Check Amounts)</i>	OTHER INCOME	TOTAL
\$ _____	\$ _____ <input type="checkbox"/> Every Week <input type="checkbox"/> Every Two Weeks	\$ _____ <input type="checkbox"/> Child support <input type="checkbox"/> Alimony <input type="checkbox"/> Disability <input type="checkbox"/> Second Job <input type="checkbox"/> Workers' Comp	\$ _____

MONTHLY BILLS	PAID TO	PAYMENT AMOUNT	AMOUNT PAST DUE	BALANCE DUE ON ACCOUNT
RENT/HOUSE PAYMENT				
ELECTRIC				
WATER & SEWER				
GAS (HEAT)				
INSURANCE (CAR/RENTERS/HOMEOWNERS)				
CAR PAYMENT(S)				
CABLE/SATELLITE				
PHONE(S)				
LOANS (EXPLAIN)				
GROCERIES				
BABY SITTER				
TRANSPORTATION (FUEL/BUS)				
CREDIT CARD(S) (EXPLAIN)				
MEDICAL/MEDICATION				
OTHER (EXPLAIN)				
TOTAL				

ASSETS		COMPANY / BANK	ACCOUNT BALANCE
SAVINGS ACCOUNT	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CHECKING ACCOUNT	<input type="checkbox"/> Yes <input type="checkbox"/> No		
REAL ESTATE (HOME)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
401(k)/403(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
NUMBER OF VEHICLES			

- Have you applied to receive any of the associate financial assistance funds before? Yes No
- If yes, which fund(s), when, and how much was granted:

- If there are questions, how should we contact you? Home Work Cell

PLEASE PROVIDE DETAILS OF THE FINANCIAL CRISIS:

How did you hear of this Program?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Benefits Material | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Security | <input type="checkbox"/> EAP/AAP Intranet Site |
| <input type="checkbox"/> Management | <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Other Co-Worker | |
| <input type="checkbox"/> Spouse/Family | <input type="checkbox"/> Other Source | <input type="checkbox"/> Supervisor | |

Send completed application, most current pay stub, and copy of bill or quote you need assistance for to:

	Ascension St. Vincent	Ascension St. Vincent Evansville/Warrick
Email	financial@stvincent.org	srjanemcc@stmarys.org
Fax	317-338-8616	N/A
US Mail	Ascension St. Vincent Financial Assistance Program 8550 Naab Road Indianapolis, IN 46260	Ascension St. Vincent Associate Financial Assistance Program c/o Ascension St. Vincent Evansville Foundation 3700 Washington Avenue Evansville, IN 47714

RECOMMENDATIONS OF THE COMMITTEE: