

Denver Health Foundation – Employee Relief Fund

Program Description and Statement of Understanding for Applicants:

The Employee Relief Fund (the "Fund") is a fund established by the Denver Health and Hospitals Foundation, a non-profit 501(c)(3) organization (the "Foundation"), to provide financial assistance to Denver Health and Hospital Authority ("DHHA") and Career Service Authority (CSA) employees facing economic emergency hardship because of a natural disaster or emergency. The Fund is available for any DHHA employee meeting the program's eligibility (see below) who has been directly impacted by a natural disaster, or who has been seriously impacted by an unexpected hardship. The Fund is designed to provide short-term assistance with basic needs such as food, shelter (rent/mortgage), medical bills, and basic utilities, for example. The Fund is not designed to make an individual whole or meant as wage replacement, or to assist with non-necessity items such as cable/satellite services, or credit card charges. The Fund will not make grants to individuals, only to vendors.

Eligibility Criteria and Qualifying Events:

- Applicants must be employed by DHHA for at least ninety (90) days prior to seeking assistance.
- Applicants must be able to show proof of a personal economic emergency hardship. The following are examples of qualifying incidents creating personal economic emergency hardships for which employees may apply for financial assistance from the Fund.
 - Acts of nature, such as floods, blizzards, ice storms, earthquakes, hurricanes, or wildfires that may result in major property damage to an applicant's primary residence.
 - A house fire or flood that displaces the employee and their family.
 - A catastrophic event, including illness, death of an immediate family member, accident, or violent crime. "Immediate family member" is defined as current spouse, domestic partner, mother, father, sister, brother, child (natural or legal guardian), or grandchild.

Financial Assistance:

All financial assistance is subject to availability of funds. If approved, financial assistance may be provided for disaster related expenses such as:

- Basic living or personal expenses, including, but not limited to housing, home repair or replacement of contents (for primary residence only), food, clothing, and transportation.
- Funeral expense and other short-term financial assistance to an employee experiencing an emergency economic hardship beyond his or her control.

Financial assistance will NOT be granted for:

- Lost compensation due to missed time for work; items covered by an individual's insurance; routine, on-going or long-term medical bills; elective medical procedures; insurance premiums; court fines or judgments; bail; tax payments; fees/penalties due to overdrawn bank accounts or over-extended credit cards; credit card debt or pay day loans; legal fees; and expenses associated with marriage, divorce and/or child custody cases.

Application Process:

1. Applicants must be employed by DHHA for at least ninety (90) days prior to seeking assistance.
2. The employee in need of assistance must have a thoroughly completed and signed application. Copies of the relevant bills must be attached. Receipts or other documents must be submitted to show emergency expenses or reasons that have contributed to the need for assistance. The Review Committee may request additional information when the Review Committee deems it necessary in its sole discretion.
3. Applications can be submitted 1) via interoffice mail, to the Human Resources Department; Attn: Employee Relief Fund, MC0115 and clearly marked "Confidential - Employee Relief Fund Review Committee" on the envelope; 2) by scan or email to employeeerelief@dhha.org; or 3) by drop off in-person to the HR office in Pav B (1st floor) during business hours. An application must be made within ninety (90) days of the qualifying event to be considered by the Review Committee. Only one application may be submitted for a qualifying event.
4. Any misrepresentation on the application or supporting documents may be sufficient cause for rejection of the application.
5. Upon receipt of a completed application, an HR representative will contact the applicant to confirm receipt of the application and will distribute the application and supporting documents to the Review Committee. The Review Committee is comprised of six (6) volunteers, the majority of which are not able to exercise substantial influence over DHHA. Each award of financial assistance must be approved by a majority of the members of the Review Committee.
6. Other community resources that may be available to the applicant will be considered, and recommendations may be made to the applicant.
7. An HR representative will notify the employee whether the application is approved or denied by the Review Committee. When approved, the employee will be told the amount of assistance approved, which bill(s) will be paid, and the procedure for check processing.
8. Once applications are approved, the Committee will forward the requisite form/documentation to the Foundation's Accounts Payable department. Based on the Committee's recommendation, the Foundation will write the checks made payable to the business on the bill.

Applicant's Responsibilities:

- It is the responsibility of the applicant to provide a complete application, and all required supporting documentation. The application will not be presented to the Review Committee until all information, including sufficient supporting documentation is received.
- Privacy and confidentiality of applicants is maintained to the highest degree possible under the guidelines and process of the fund, however, applicants cannot be guaranteed full confidentiality due to the need, at times, to verify information.
- Applicants are responsible to be truthful and forthcoming with the information presented on the Employee Relief Fund application and supporting documentation. Deliberately providing misinformation or failing to be truthful and forthcoming may affect the status of the application.
- Fraud is a violation of the DHHA Code of Conduct and will be dealt with as a disciplinary matter which could lead to termination.

Confidentiality:

The Human Resources Department maintains official and confidential records of the Fund's applications and Review Committee recommendations. No reference to the application shall be included in any employee personnel file. Aggregate and de-identified information about the impact of the Foundation's Employee Relief Fund will be shared periodically with DHHA employees and the public through Foundation newsletters and other appropriate forms of communication. Public communications will not include recipient names or other identifying information.

Employee Relief Fund Statement of Understanding:

The Employee Relief Fund was set up by the Denver Health and Hospitals Foundation to assist DHHA employees who have experienced economic hardship resulting from a natural disaster or an emergency that could not have been anticipated (such as a house fire, flood or natural disaster), and has resulted in their inability to meet basic expenses, including rent or mortgage, utilities, food, or transportation. The fund is not designed to help with financial problems unrelated to a natural disaster or emergency nor for non-necessities.

Applicants for funds are responsible for reading and understanding the Program Description and Information for Applicants document and for thoroughly completing the designated application, providing all supporting documentation requested. Such documentation includes evidence that will show proof of an emergency (such as fire report, accident report, etc.) and the bill(s) for which assistance is being requested.

Once the application and all supporting documents are received, the application will be provided to the Employee Relief Fund Review Committee. The Review Committee makes all decisions regarding whether an applicant qualifies to receive assistance. If an applicant is qualified, the Review Committee will decide the amount of the assistance and for which necessities the monies are designated.

By signing below, I attest that I have read and agree to the terms of the Employee Relief Fund program description and statement of understanding.

Applicant's Signature _____ **Date** _____

Please select below if you would like your name and contact information to be shared with WorkLife Partnership, a free and confidential benefit providing resource navigation.

- ☐ I consent to the Denver Health Employee Relief Fund committee providing my name and contact information (phone number, email address) to WorkLife Partnership, so a WorkLife Navigator can reach out to me for free, confidential resource navigation and assistance.
- ☐ No, please do not share my contact information with WorkLife Partnership.

Employee Relief Fund Application:

If you have questions or need support completing the application, please contact 303-602-1015, or email EmployeeRelief@dhha.org.

Date of Application: _____

Contact Information:

Name:	
Home address:	
City/State/Zip:	
Home/Cell Phone #:	
Work Phone #:	
Email Address:	
Date of Birth (mm/dd/yyyy)	
Department	
Date of Disaster Hardship:	
Type of Assistance Needed (select all that apply):	<input type="checkbox"/> Food <input type="checkbox"/> Housing <input type="checkbox"/> Utilities (utility assistance is available through Worklife Partnership) <input type="checkbox"/> Funeral <input type="checkbox"/> Other (please specify):
Describe the details and impact of the disaster/hardship for which you need financial assistance:	

Household Information: Please list spouse, domestic partner, and any legal dependent(s) residing at your primary residence, and their occupation and occupation type (for example, if they work full-time, part-time, etc.).

Name	Age	Relationship to You	Occupation	Occupation Type (i.e. Full-time, Part-time)

Documentation must be attached. Applications that do not include supporting documentation (example: copies of bills, copies of documents that validate the loss described above, etc.) will be considered incomplete and cannot be reviewed by the committee for consideration.

I do hereby certify by my signature that the information provided in this application and supporting documentation is complete, truthful, and accurate, and that I am requesting assistance because of a significant financial burden, which is not covered by insurance or any other sources.

Applicant's Signature _____ **Date** _____

Please send completed application & all documentation via interoffice mail to **Human Resources Department, Attn: Employee Relief Fund, 601 Broadway, 5th Floor, MC0115** or scan or email EmployeeRelief@dhha.org. You may also drop off in-person to the HR office in Pav B (1st floor) during business hours. Questions? Call 303-602-1015 or email EmployeeRelief@dhha.org.