



Healthcare Services Group Charitable Foundation Hospital Team Member Assistance Fund

The HSG Charitable Foundation Board of Directors founded the **Hospital Team Member Assistance Fund** to provide a source of support for employees of Missouri Hospital Plan members during times of defined crisis.

Qualifying Guidelines:

1. Applicant must be employed by a Missouri Hospital Plan member hospital.
2. Applicants can only receive assistance from the Fund one time during a twelve-month period. (Under extreme circumstances, exceptions may be made with full Board review only when meeting defined crisis guidelines.)
3. Applicant must complete all application requirements and crisis must be a qualifying situation (See "Crisis Criteria Defined" below).

A request will not be reviewed unless all sections of the application have been completed. The application will then be sent to the HSGCF Executive Director for review. The Executive Director will attempt to reply within a 48-hour period to all requests, if possible.

Crisis Criteria Defined (that which is out of the control of the applicant):

- Loss of home or disruption of the use of your home due to fire or natural disaster defined as a tornado, flood, or earthquake.
- Death of a spouse or child.
- Assistance with funeral support where no insurance or other coverage is available.
- Assistance with medical bills related to devastating illness, injury or accident of the team member or an immediate family member (spouse or child) that results in the loss of income to the team member or their spouse.
- Support during times of loss of immediate family: covered family is defined as team member's husband, wife, child, step-child, or grandchild if residing in the home.
- Situations which occur that are created outside of the team member's control. Such situations require detailed information on the request and expected expenses to be incurred.

Exclusions:

- Daily/household bills – this includes rent, utilities, cell phone, groceries, childcare, mortgage payments.
- Routine car repairs; tires, car insurance.
- Expenses related to the illness of a parent or grandchild unless the grandchild is in the custody of the team member or the team member lives with their parent.
- Legal expenses.

Amounts awarded are limited to the funds available. The awarded amounts are based on the need defined and supporting details, as well as fund availability.

It is the applicant's responsibility to identify the loss and the need in their letter to help determine the grant gift. If additional information is required, the applicant will be contacted by the Executive Director of the HSG Charitable Foundation. A HR Director may apply on behalf of a team member. Some requests may require HSGCF Board approval.

All information is kept fully confidential. As soon as a decision is made the applicant will be notified by phone or email by the Executive Director. If phone or email contact cannot be made, the team member will be notified by mail. The quickest reply is the goal, so the team member knows that funds will be forthcoming in a time of crisis. Team members are asked for complete contact information with both day and night time phone numbers.

Attestation:

I have fully read and understood the policy outlined here. I have qualified my request for the application.

Signature

Date

Please send this completed attestation along with your application to

kschlup@hsg-group.com

Hospital Team Member Assistance Fund

Checklist

- Read the preceding policy and confirm that your request qualifies. This fund excludes daily living expenses, i.e., rent, utilities, cell phone, groceries, childcare, mortgage payments, etc. Your request must be for a type of crisis that is out of your control and not related to everyday living expenses.
- Complete the application if you determine your request qualifies.
- Have your HR Director send an email confirming need for request, to: Kim Schlup, Assistant to the HSGCF Executive Director, at kschlup@hsg-group.com.
- Provide an explanation of your need. The more details provided, the better idea the Board has of the type of need for the support requested.

Send completed application and explanation of need to:

Email to: kschlup@hsg-group.com

or mail to:

Kim Schlup
Assistant to the HSGCF Executive Director
HSG Charitable Foundation
PO Box 1498
Jefferson City, MO 65102-1498

Questions?

Call 573-893-5300

Monday – Friday | 8:00 a.m. to 4:30 p.m.

- If all required materials are not received, the application will be considered incomplete and will not be reviewed.
- Thank you for your understanding of the purpose of this fund to provide for our team members in situations where there is typically no other resource for support.

**Hospital Team Member Assistance Fund
Application**

Team Member Name:	Date of Birth:
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Current Address:

City:	State:	Zip:
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Email:

Spouse's Name:

Number of Children Living at Home:	Ages of Children:
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Amount Requested:
\$ _____

Briefly explain your circumstances that have resulted in this application and provide itemized amounts supporting your request. (Please attach extra sheet if more room is needed.)

I verify that the information contained on this application is correct to the best of my knowledge and that I can provide proof of any information stated on this application if requested.

Applicant Signature	Date	Phone No.
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