

COVID-19 CAREGIVER SUPPORT POLICY

Columbia Memorial Hospital recognizes that caregivers may experience hardships that require financial assistance. The COVID-19 Caregiver Support fund is a resource established to assist employees experiencing a personal financial crisis who have exhausted all other avenues of assistance. Such crisis must be sudden, unexpected, critical and relating to the pandemic. This fund is not a loan but is designed to provide aid for emergent needs relating to COVID-19.

Who is eligible for emergency funds?

All employees of Columbia Memorial Hospital. A COVID-related crisis can include situations involving the employee, their spouse/significant other, and/or their legal dependent(s).

What is considered an emergency?

Applications to the COVID-19 Caregiver Support fund must have a documented emergency that has caused a financial hardship. Applicants must have exhausted all other means of obtaining financial assistance and the situation must be an event beyond the employee's control.

How do eligible employees apply for assistance?

Employees are required to submit an application (obtained from CMHtv), which identifies the COVID-related emergency as well as other options that have been considered to address financial need. Applicants are encouraged to submit all information they feel necessary to thoroughly evaluate the request. Applicant information is confidential and is not shared beyond the review committee unless authorized. Official documentation could include physician statements, bills, bank statements, employer notices, etc. Requests may be partially or fully funded.

Who will decide if my application is approved?

The COVID-19 Caregiver Support Team will review all requests. If the situation meets the requirements necessary in order to be considered an emergency, they will determine the level of assistance for approval. Support Team members will not be influenced by outside entities and will recuse themselves of their vote if they have an emotional tie to the applicant. After payment has been distributed, employees are expected to remain confidential regarding the details of the financial assistance received.

How long will it take to know if it is approved?

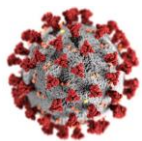
Every effort will be made to review requests as soon as possible. A decision should be reached before the end of ten (10) working days.

What happens after I've been approved?

Once the request has been approved, the applicant will be notified. A paper check can be issued and mailed to the address on record or may be picked up in the Foundation office. Funds can also be electronically deposited into the employee's bank account on file by consenting to such on the application provided. Every attempt will be made to process checks as quickly as possible. The funds are treated as taxable income subject to FICA and Federal withholding. The recipient will also receive a 1099 to reflect the payment made.

What happens if I'm found to have been untrue regarding my request?

If it is later determined that the employee was untrue throughout any part of the application and/or determination process, disciplinary action may follow. Please refer to the Columbia Memorial Hospital Promise of Excellence.



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What if my request is not approved?

All decisions made by the COVID-19 Caregiver Support Team are final. The Support Team may review multiple requests at any given time and it may not always be possible to approve all requests depending on the fund balance and the situation described.

Are there limits to the amounts that can be requested?

No more than one application may be submitted per crisis event. The amount awarded to all applicants cannot exceed the available fund balance.

Financial grants are made solely by a majority vote of the COVID-19 Caregiver Support Team and are not to exceed a pre-determined amount of funds.

COVID-19 CAREGIVER FINANCIAL SUPPORT APPLICATION

We understand how scary it can be when you have cut back on all non-essential spending – like cable, eating out and shopping – and still not have enough money to pay for the truly essential needs like housing, utilities and food. Please request only what you truly need for those essential expenses so that we can help as many of your CMH colleagues as possible.

Name: _____ Date: _____

Personal Phone: _____ - _____ - _____ Personal Email: _____

Department: _____ Date of Hire: _____

Current EL Balance: _____ Number of adults living in your household: _____

Number of children living in your household: _____

Please select how you would like the funds distributed:

- ☐ Pick up a paper check in the CMH Foundation office
- ☐ Mail a paper check to address on file
- ☐ Direct deposit (I consent to having payroll share my bank information with Accounts Payable)

Please describe your financial emergency:

Amount requested to cover my financial hardship: \$ _____

Describe how this amount will help you meet your basic needs:

(Tip: Tell us about your budget and how you cannot meet all your expenses. Ex: "I reviewed my budget, without my husband's income, we are \$250 short of our bills, the money for the car payment would really help us meet our needs.")

What steps have you taken to address your financial hardship. (Examples may include: Using my savings, buyout of my EL, applied for unemployment, applied for other government assistance such as SNAP and WIC, visited a CCA food bank location, called my landlord and asked for a deferred payment, called my bank to skip a payment, got rid of cable and streaming services such as Netflix, deferred my student loan payments, applied for energy assistance for my utility bills, reduced my phone data plan, applied for second job, stopped eating out, etc.)

I have included the following documents with my application:

- ☐ Verification of income for all adults in the household
- ☐ Copy of the bill for which I am requesting assistance
- ☐ Screenshot of my EL balance in Kronos
- ☐ Two Months of bank statements for all bank accounts in household
- ☐ Unemployment application verification and outcome, if I have received it (if applicable)
- ☐ Application verification and any approval/denial for any government assistance (if applicable)
- ☐ Other documents that help to show my financial hardship and my attempt to address it