



Virtua Health Colleague Care Fund Application for Financial Assistance

The purpose of the Virtua Health Colleague Care Fund is to support Virtua colleagues who are in an emergency financial situation. All required information must be submitted before an evaluation can take place. **At this time, we are accepting applications seeking assistance for financial hardship for the following (please check):**

_____ related to the COVID-19 pandemic

_____ Non COVID -19 related

Applications for financial assistance will be accepted through October 31, 2021.

NAME: _____ EMPLOYEE ID # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF HIRE: _____ HOME PHONE #: _____

CELL PHONE #: _____ WORK PHONE #: _____

VIRTUA EMAIL ADDRESS: _____ EMPLOYMENT STATUS: _____ FT _____ PT

DEPARTMENT/WORK LOCATION: _____

AMOUNT REQUESTED: _____ (NOTE: Colleagues may apply for a maximum amount of \$1,000.)

DATE REQUESTED: _____

In the space below, please explain your emergency financial situation, indicating how it is directly related to financial hardship. Include how the funds will be used, e.g., unexpected child or elder care expenses, automobile payment or repossession, danger of disconnected utilities, mortgage forbearance or foreclosure, etc. Attach a separate letter if more space is needed.

If COVID-19 related, please provide a copy of your billing statement or invoice on all relevant bills to be paid, as well as documentation that demonstrates how the COVID-19 pandemic has directly and negatively impacted your household income (e.g., layoff or furlough notice for your spouse.) Full documentation is required in order for applications to be processed. Approved payments may be made directly to the company requesting payment or to the individual colleague requesting assistance.

Virtua Health Colleague Care Fund Application for Financial Assistance (continued)

Have you applied for assistance through the Virtua Health Colleague Care Fund in the past, or do you have other financial obligations to Virtua? ____ Yes ____ No

If yes, please explain:

Please provide your CURRENT household budget – taking into account any reduced income, or unexpected expenses:

Monthly Income	Monthly Expenses
My take-home pay: \$	Housing (rent or mortgage): \$
My spouse/partner take home pay: \$	Utilities (heating gas/oil, electric, water): \$
Other sources of income: \$	Food: \$
Total: \$	Transportation (gas, tolls, bus/train fare): \$
	Childcare/Eldercare: \$
	Car loan: \$
	Car insurance: \$
	Phone: \$
	Other (explain) _____: \$
	Total: \$

I certify that all information submitted is accurate and correct. I authorize a representative of the Virtua Health Colleague Care Fund to contact the party for whom payment is requested for the purpose of obtaining information and/or to make arrangements for payment.

EMPLOYEE SIGNATURE: _____ DATE: _____

Please e-mail completed application and supporting documentation to the Virtua Health Office of Philanthropy at vhf@virtua.org.

Application Review:

Philanthropy Reviewer: _____ Approved: ____ Yes ____ No

Human Resources Reviewer: _____ Approved: ____ Yes ____ No

Amount Approved: _____

Comments:

Date of Payment: _____ Check No.: _____

Payment Made To and Amount: _____

What is the Colleague Care Fund?

The Virtua Health Colleague Care Fund is a program for Virtua colleagues in need of financial support during a personal financial crisis or emergency. Funded through generous gifts from the Virtua Health family and other supporters, the Colleague Care Fund provides confidential assistance to Virtua colleagues facing extreme financial hardship or crisis. Virtua Health's Office of Philanthropy collects donations in support of the fund and administers the program in partnership with Virtua's Department of Human Resources. Colleagues facing extreme financial hardships can apply for financial assistance to help them get back on track.

Through October 31, 2021, all Colleague Care funds will be granted to eligible applicants as relief for financial hardship related to the COVID-19 pandemic or Non-COVID-19 related hardship. Applicants may receive direct payment of relief funds or payments can be made in response to a bill from a payee (such as a mortgage company, landlord, utility company).

Who is eligible to apply for funds?

Regular full-time and part-time Virtua Health colleagues are eligible; colleagues on furlough may apply. Per diem employees and contractors are not eligible.

How do I receive assistance from the Colleague Care Fund?

If you are in need of help and would like to request assistance from the Colleague Care Fund, you may do so discreetly and confidentially by completing the application, then submitting the completed application and supporting documentation to vhf@virtua.org. Please call **856-355-0830** if you need assistance with your application.

How much funding is available, and how often can I apply?

Colleagues may apply for a maximum of \$1,000 in relief funding, one time. Under extenuating circumstances, this amount may be increased at the discretion of the Colleague Care Fund administrative committee.

Will this be included as "taxable income"?

No. If you receive funds from the Colleague Care Fund, it will not be considered to be compensation and therefore will not be reported as taxable income.

How can I support the Colleague Care Fund?

Colleagues who wish to contribute to the Colleague Care Fund may do so at www.GiveToVirtua.org. Or, to make a gift by mail, send a check payable to Virtua Health Foundation to the Office of Philanthropy at 303 Lippincott Drive, 4th Floor, Marlton, NJ 08053. For more information, please call 856-355-0830.