



Heartbeat Humanitarian Assistance Application FAQ'S

PLEASE STOP AND READ BELOW

Before completing a Heartbeat application, please review these frequently asked questions.

1. What is the Heartbeat Humanitarian Fund?

The Heartbeat Humanitarian Fund is part of the employee-giving program of Tanner Health System, administered by the Tanner Foundation and a confidential employee committee. The Humanitarian Fund works to assist employees in a time of crisis.

2. Who is helped by the Heartbeat Humanitarian Fund?

Tanner employees who are facing an unexpected crisis or circumstance, within their immediate household, that creates a financial hardship. Examples include, but are not limited to, accidents, death, fire, loss of family member, and significant loss of income.

3. How can I receive assistance?

To apply for assistance, fill out a Humanitarian Assistance Application and email, inter-office mail, or fax the application to the Tanner Foundation. *(The contact information can be found at the bottom of this document.)*

4. Where can I find this application?

The application is located on the Tanner@Work on the Foundation Department Page under Heartbeat Links→Humanitarian Program→Application, or by contacting the Tanner Foundation at 770.812.4438.

5. How will I know if I've been approved?

Once the Heartbeat Committee has reviewed the application, the applicant will be contacted by phone or email to review the status of the application.

6. If approved, what assistance is offered?

If approved, assistance is offered in various forms such as Wal-Mart gift cards, utility bill payments, mortgage payments, and medical bill payments. Please note that approved applicants do not receive cash directly from the fund.

7. What assistance is NOT offered?

The Heartbeat program cannot assist with the following expenses, including but not limited to credit card bills, hotels, motels, air fare, establishing new residence (security deposits, etc.)

8. If approved, what are the next steps?

If approved, you will be contacted by a member of the Foundation team to guide you through the process of receiving assistance.



HEARTBEAT

EMPLOYEE GIVING PROGRAM



EMPLOYEE HUMANITARIAN FUND

Contact Tanner Medical Foundation at (770) 812-4438 with questions regarding your application.

Criteria for Consideration

THE FOLLOWING CRITERIA MUST BE MET FOR YOUR APPLICATION TO BE CONSIDERED:

1. Applicant's need for financial assistance is UNEXPECTED AND IMMEDIATE. Example: Extended Illness, Death, Fire, Accidents.
2. Applicant has no other source of sufficient funds available to meet the unexpected need. Example: No insurance reimbursement is forthcoming. No savings, other charitable funding sources, governmental assistance, or ability to secure a loan.
3. The financial crisis must be beyond the control of the applicant. Problems that arise because of a lapse of personal responsibility do not qualify for assistance. Additional information may be required by the committee to evaluate the application.
4. Employee is not in the 90-day probationary period of employment and not in the disciplinary process.
5. Monthly income must not exceed monthly expenses, unless due to extenuating circumstance approved by committee.
6. Applicant grants permission to the Heartbeat Humanitarian Committee to request and review any information of a confidential nature, including but not limited to, medical records, insurance information, financial records, payroll information, etc. that may assist the committee in their evaluation.
7. Applicant understands that, if necessary, their supervisor may be contacted to verify information pertinent to job function, work history, on the job conduct, and other information the committee deems appropriate in their evaluation.
8. Applicant understands that application must be filled out **completely** to be eligible for review.

By signing below, I certify that you agree to all above criteria. I understand that this information will remain confidential for Heartbeat Humanitarian Committee Members to review, and some information may be shared with others who the committee deems as appropriate in assisting them in the decision-making process. I also understand that my completed application will be kept in a permanent file for historical documentation and may be referenced in the future. I understand and approve the use of printing and emailing my application so committee members may review my request. I release all parties that may be involved from any liability that may arise, whether civil or criminal in nature.

Employee Name

Employee Signature

EMPLOYEE HUMANITARIAN FUND APPLICATION

Referred by: _____ (Optional) Date: _____

Employee Name: _____ Department: _____

Please Circle One: Mrs. Ms. Mr. Dr. Other

Employee ID: _____ Date of Hire: _____ Job Title: _____

Phone #: _____ Work Phone #: _____ Shift: _____

Please Circle One: Home Cell

Email Address: _____ Best Way to Contact You: _____

Please Circle One: Work Personal

Employee Address: _____
Number Street Name Apartment/Unit Number City, State Zip

Date of Birth: _____ Marital Status: _____ Number of Dependents in Household: _____
(No nieces, nephews, grandchildren, etc.)

Are you in the disciplinary Process? YES NO *(Circle One)*

If YES, Please explain: _____

Supervisor's Name: _____ Date of Occurrence: _____

Briefly describe your work history (number of years at Tanner, department, etc.):

List number of family members in your household and their relation to you: _____

Please explain what happened to cause unexpected financial crisis: _____

Have you received alternate sources of assistance? Please indicate which sources, amounts, and what it was used for:

____ Relatives \$ _____ for _____

____ Church \$ _____ for _____

____ Social Services \$ _____ for _____

____ Other \$ _____ for _____

Have you declared BANKRUPTCY? Yes _____ No _____

When: _____ Why: _____

What type of financial assistance are you seeking? (Medical bills, monthly bills, grocery support, etc.)

FINANCIAL ASSESSMENT

Do you have THS medical insurance? Yes No
Circle One

Monthly Income

<u>SOURCES</u>	<u>Monthly Total</u>	<u>Extenuating Circumstances</u>
Your Regular Monthly Pay from TMC	\$ _____	_____
Spouse/Other Regular Monthly Pay	\$ _____	_____
Social Security/SSI	\$ _____	_____
Pensions/Retirement Pay	\$ _____	_____
ADC/Child Support	\$ _____	_____
Worker's Comp	\$ _____	_____
Government/Other Assistance	\$ _____	_____
Savings	\$ _____	_____
<u>Total Monthly Income</u>	<u>\$ _____</u> <i>(Add monthly totals)</i>	

Monthly Expenses

You must provide a copy of your most recent bill, insurance premium statement, etc. to declare any expenses listed as proof. You cannot declare any expenses that are taken out of pay from an employer, such as health/life insurance that is deducted from your THS paychecks.

<u>SOURCES</u>	<u>Monthly Total</u>	<u>Due Date</u>
Rent/Mortgage	\$ _____	_____
Utilities:		
Electric	\$ _____	_____
Gas (Home)	\$ _____	_____
Water	\$ _____	_____
Cell Phone	\$ _____	_____
Cable/Internet/Home Phone	\$ _____	_____
Food	\$ _____	_____
Child Care (No. _____)	\$ _____	_____
Doctor's Bills	\$ _____	_____
Medication	\$ _____	_____
Car 1 Payment	\$ _____	_____
Car 1 Insurance	\$ _____	_____
Car 1 Monthly Gas	\$ _____	_____
Car 2 Payment	\$ _____	_____
Car 2 Insurance	\$ _____	_____
Car 2 Monthly Gas	\$ _____	_____
Other Expenses:		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
<u>Total Monthly Expenses</u>	<u>\$ _____</u>	

If Monthly Expenses are greater than Monthly Income, assistance may be denied due to inconsistent financial behavior (spending more than what is made).

However, applications may be approved if approved extenuating circumstances are stated in Monthly Income section.

Total Income \$ _____
 -Total Expenses \$ _____
Net Income \$ _____

Have you ever requested for and received assistance from the Employee Humanitarian Fund in the past? YES NO
(Please circle one)

Previous assistance date(s), amounts, and reason:

Dates: Amounts: Reasons:

***If approved, The Foundation will not process payments of bills until we receive the original or a copy of the bill along with a W9 Tax Form from each business.** (A blank W9 Form is located on the intranet under the Foundation page.)

I have read this report and found it to have true and complete information. I have not falsified any of the information in this application or misrepresented myself, my financial declaration, or any other information. The Heartbeat Humanitarian Committee has my permission to verify all information in a confidential manner. If the information herein is found to be false, I understand this application will be denied and I may lose the right to ever request assistance from the Heartbeat Humanitarian Committee, regardless of the situation or emergency. By signing below, I release all information in this form and give consent to the Heartbeat Humanitarian Committee to access any and all confidential information that may be needed in their decision making process. I also understand I will lose my right of confidentiality for certain information that may be needed by the committee members.

Employee Signature

Date

PLEASE ATTACHED ALL SUPPORTING DOCUMENTATION TO THIS APPLICATION.

EXAMPLES: MONTHLY BILLS, MEDICAL BILLS, ETC.

This Section for Heartbeat Humanitarian Committee Purposes Only

Action taken by Committee:

Additional Information Needed:

Denied () Approved ()

Comments: _____

Heartbeat Humanitarian Committee Representative Signature

Date