



Caregiver Heroes and Teammate Emergency Care Fund

The Atrium Health Teammate Emergency Care Fund has been established to provide our teammates with financial assistance when they have suffered a hardship caused by **catastrophic events** beyond their control, **including emergency support during coronavirus disease 2019 (COVID-19)**. The fund assists teammates in meeting basic needs when all other resources have been used.

This fund has been set up to only address catastrophic events which may include:

- Fire
- Natural Disasters
- Accident
- Other unforeseen serious crises (such as being the victim of a crime, sudden severe illness, or death in the immediate family) that affect the teammate's ability to obtain basic needs

Apply for Assistance

We understand and recognize there are many circumstances that put a financial strain on our teammates. **This fund is not intended for ongoing challenges in managing finances, short term illness, decrease in income due to job loss, or separation from spouse.**

COVID-19 Assistance

If this is a request for COVID-19 funds, please read this section first.

This assistance is for teammates who are adversely affected by the COVID-19 pandemic for the following reasons:

- Teammates who were not at work when they were exposed to the virus, have been quarantined and are not eligible for worker's compensation for losses resulting from the exposure.
- Teammates who are not able to come to work because they are taking care of a sick family member as the primary caregiver due to the pandemic.
- Teammates who are not able to come to work because their children's childcare center or children's school is closed due to the pandemic.
- Teammates who have had their hours reduced due to closures or other circumstance related to the pandemic.

Teammates who are adversely affected by COVID-19 in a manner that is not specifically listed above may still be eligible for assistance under the standard program of the Atrium Health Teammate Emergency Fund.

Before You Apply

- Have you used your current PTO balance?
- Have you been advanced up to 80 hours of PTO?
- Have you used the child support options for childcare?
- Have you applied for or received unemployment benefits?
- Other Information you would need to share with the committee?

If you have answered "**No**" to any of the above questions, we ask that you use all eligible benefits before applying to receive assistance from the Teammate Emergency Care Fund.

If you have answered "**Yes**" to all of the questions above, and you have supporting documentation, please proceed to the Teammate Emergency Care Fund Application.

Individuals who have suffered a financial hardship caused by a catastrophic event listed above, and who have used all other resources, may complete the attached application and submit it to Human Resources.

Atrium Health Emergency Care Fund Application Form

Dear Atrium Health Teammate,

The **Atrium Health Teammate Emergency Care Fund** has been established to provide Atrium Health teammates with financial assistance when they have suffered a hardship caused by **catastrophic events** beyond their control. The fund assists teammates in meeting basic needs when all other resources have been used. Please read the following.

This fund has been set up to only address catastrophic events which may include:

- Fire
- Natural Disasters
- Accident
- Other unforeseen serious crises (such as being the victim of a crime, sudden severe illness, or death in the immediate family) that affect the teammate's ability to obtain basic needs

We understand, care and recognize there are many circumstances that put a financial strain on our teammates. **This fund is not intended for ongoing challenges in managing finances, short term illness, decrease in income due to job loss, or separation from spouse.**

Individuals who have suffered a financial hardship caused by a catastrophic event listed above, and who have used all other resources, may complete the attached application and submit it to Human Resources.

Alternative Resources

If you are experiencing a financial hardship that is caused by reasons other than a catastrophic event, there are alternative free resources to consider:

- Our **Employee Assistance Program (EAP)**, which is designed to provide confidential assistance to individuals and families experiencing financial issues, job stress, emotional, alcohol and drug problems, legal issues and difficulties with children. For more information, call the EAP office at **704-355-5021** or **1-800-384-1097**.
- Atrium Health has developed a strong partnership with an innovative non-profit called **Common Wealth Charlotte (CWC)**. CWC provides workshops and in-depth, one-on-one financial coaching sessions for Atrium Health teammates, at no cost to you. The main contact at CWC is **Alisha Jeter**, Senior Financial Advisor, at ajeter@commonwealthcharlotte.org. Please send Alisha an email with your Atrium Health contact information and she will follow up promptly.
- **Aunt Bertha**—This is a free service which connects people to search for free or reduced cost services like medical care, food, job training, housing, legal, education and transit. You can access Aunt Bertha through your smartphone and download the app Aunt Bertha, or access online at www.auntbertha.com. Simply input your zip code and it will search for resources near you.
- **Just 1 Call – Dial 704-432-1111**—This service provides assistance with healthcare, employment, education, legal, housing, mental health/addiction counseling, transportation needs, local government information, human services, nonprofit and faith-based organizations, disaster relief resources and much more.

Atrium Health Emergency Care Fund Application Form

Alternative Resources (continued)

Atrium Health PTO Donation—This is a program where Atrium Health PTO hours may be donated to team members who have a **medical emergency** involving the team member or any member of their immediate family including spouse, parent or dependent child. **You must work through your manager to use this program.** Your manager will be able to access the PTO donation form located under HR Forms on PeopleConnect.

Medical Bill Assistance—If you have outstanding medical bills and or deductibles you will want to use the following resources first:

- **AccessOne**—This program is available to all Atrium Health teammates to provide patient-friendly extended payment plan options for you and your family. AccessOne provides convenient payment options for any Atrium Health medical expenses you owe. It is accepted by all Atrium Health hospitals and outpatient facilities. This includes urgent care centers, specialty & primary care physician offices and pharmacy services. There are a number of benefits to AccessOne's program:
 - 0% interest payment plan available depending on your balance, or
 - Low interest payment plan – prime rate + 6%
 - Everyone is accepted; easy to enroll
 - No credit reporting
 - No hidden fees
 - Easy payment methods: online, phone, check, auto pay
 - Combined statements that include other medical bills and family membersTo learn more about this program, you can go to <https://www.myaccessone.com/chs> or call AccessOne's Patient Advocate Center at **888.458.6272**.
- **Benefits Information**—Our Benefits Department can provide you information about your Health Savings Accounts (HSA), Short Term Disability, Long Term Disability and Leave of Absence (LOA). For information on benefits, please contact Atrium Health HR Service Center at **704-631-1500** or by emailing HRServiceCenter@AtriumHealth.org.

Atrium Health Emergency Care Fund Application Form

The information below will be used to determine eligibility for the Atrium Health Teammate Emergency Care Fund. **Please complete the application in its entirety and submit all supporting documents. Incomplete applications will be returned, which will cause a delay in the approval process.** Your information will be kept strictly confidential.

Name _____ Date _____

Employee ID _____ Hire Date _____ *(Must have 90 days of continuous employment)*

Please check employment status: Full Time Part Time PRN Your Hourly Wage _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Home Phone _____ Mobile _____ Work Phone _____

Location _____ Department _____

Job Title _____ Scheduled Hours _____

Supervisor _____ May we contact your supervisor if needed? _____

Spouse information (if applicable)

Name _____ Address _____

Employer _____ Full Time Part Time Hourly Wage _____

Please provide a brief description of the specific catastrophic hardship you experienced and your resulting need: *(Please print clearly and you may also attach a second page if necessary)*

Are you currently on leave? Yes No If yes, expected return date _____

List of Qualifying Expenses: Mortgage Payment, Rent, Food, Clothing, Evacuation Expenses, Payment of Basic Bills (utilities), Psychological Counseling, Medical Expenses, Housing or Home Repairs, or Dependent Care

Qualifying Expense (Please choose from list above)	Balance due Prior to Event (For past due expenses only)	Amount Requested
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	Total	\$

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Number of Dependents _____ Any other sources of income? (child support, alimony, etc.)
Yes No Amount _____

Residence Own Rent Monthly Payment _____ Payable to _____

Have you applied to the Emergency Care Fund before? Yes No

Have you contacted family and friends for financial support? Yes No

Have you contacted any agencies for assistance related to your catastrophic situation including insurance companies, community or government agencies? Please include dates, agency contacted, and contact name of individual you talked to for assistance.

Please provide the following:

- Documentation of catastrophic circumstances
- Copies of current bank statement (**ALL pages**) from checking and savings account
- Documentation which supports your need for emergency assistance (examples: estimates, bills or mortgage statements requiring payment)

Please read and initial below:

- I understand the Atrium Health Teammate Emergency Care Fund Program is for **catastrophic situations only**.
- I attest that I have used all resources for financial assistance and am in need of financial support related to the above-noted catastrophic event.
- I have completed 90 days of continuous employment with Atrium Health as a full-time, part-time or PRN teammate.
- I attest that all the information I have provided is complete, accurate and true to the best of my knowledge.
- I understand that if I am approved, I authorize payroll to provide information that will allow me to receive the funds the same way that I receive my regular paycheck (example: direct deposit)

Signature _____ Date _____

Email Address _____

Please send the completed application and attachments via interoffice mail, email or fax to:

Atrium Health Teammate Emergency Care Fund
Attention: Joe Forquer, Human Resources
4435 Golf Acres Drive, Building P, Suite 300, Charlotte, NC 28208
Email: TeammateCareFund@AtriumHealth.org Fax: 704-631-0144

You will receive a response email within 10 days of the receipt of complete application.