



## COVID-19 Response Fund Application for St. John's Health Employees

### Applicant Information

Date \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_

Department name and number: \_\_\_\_\_

Please provide a detailed explanation of how COVID-19 has impacted you and your family and resulted in a lack of resources for basic necessities?

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Have your hours been reduced at SJH? **Yes No**

Are you using PTO hours to cover your lost hours? **Yes No**

If your answer is no, why are you not using PTO? \_\_\_\_\_

How many PTO hours do you have left? \_\_\_\_\_

**\* Use of available PTO to bring your paycheck up to your regularly scheduled hours is a resource available if you are applying due to lost work hours at SJH. A minimum of 16 hours may remain in your PTO bank which will not affect the qualification for funds.**

### Household Information

Are other household members currently employed? **Yes No**

If Yes, where? \_\_\_\_\_ How many hours are they working? \_\_\_\_\_

If you or your spouse have lost hours of work, have you applied for unemployment? **Yes No**

If no, please explain why \_\_\_\_\_

Date applied for unemployment \_\_\_\_\_ Was unemployment benefit awarded? **Yes No**

If unemployment was rejected please explain why \_\_\_\_\_

**\* If unemployment was denied, please attach denial letter to your email.**

What other resources have you accessed, such as a COVID Related Distribution (CRD) or loan from your retirement plan (SJH has waived origination or withdrawal fees)?

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If awarded, how will you use these funds? \_\_\_\_\_



**Amount requested?** \_\_\_\_\_

My signature below signifies that I have read the guidelines and all information provided by me is truthful.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

### **COVID-19 Response Fund Guidelines**

**GOAL:** To support St. John's Health employees and their families with mental health counselling, financial assistance for food and housing insecurity, and other issues which are faced as a result of the COVID-19 pandemic.

1. Qualification for financial support will be based on the following criteria:
  - Employee is experiencing an inability to provide for basic necessities which occurred from situations arising from the COVID-19 pandemic.
  - Completion of the COVID-19 Response Fund application documenting a detailed explanation of financial need, why you are seeking funds and how you will use the funds.
  - Currently employees may apply for an amount up to a maximum of \$1,500 once every 30 days, and an employee may apply up to three times. Amounts and timeframes are subject to change.
  
2. Process
  - Committee Members will review applications, generally within 2-3 days of submission.
  - Once reviewed, you will receive an email from [klong@tetonhospital.org](mailto:klong@tetonhospital.org) with the committee's determination. Please respond to that email with your department number or address for where the check should be sent.
  - Check will be cut from accounting and either sent via interoffice to your department number or to the mailing address you provided. This will take between 5-7 days.