UPSTATE
MEDICAL UNIVERSITY

UPSTATE EMPLOYEE AND STUDENT EMERGENCY FUND

Confidential Application

The Upstate Employee and Student Emergency Fund is designed to provide emergency financial assistance to members of Upstate Medical University who suffer sudden, non-recurring, unplanned economic hardship due to an emergency such as an accident, illness, injury, fire or other unexpected crisis. The program is not intended to provide financial assistance for pervasive financial struggles. Economic hardship indicates that current financial obligations and normal living expenses cannot be met through typical means. Applicants are expected to have made reasonable efforts to address the hardship prior to application. Upstate students are expected to contact the Financial Aid Office prior to applying. If approved, payment will typically be made directly to the applicable third-party (e.g. a creditor or vendor, such as utility company or medical provider). Only under rare and extenuating circumstances will an applicant receive a direct reimbursement of expenses or gift cards for purchases. In these situations, significant financial documentation of expenses and/or appropriate purchase(s) will be required. Individuals can apply when they feel they have an economic hardship meeting the criterial of the program. However, individuals can only receive, at maximum, one funding opportunity, regardless of amount, per calendar year. Maximum financial assistance is up to $1,000.00. Payment is not immediately available as application and financial processing may take a couple of weeks.

To apply, complete this application and include the supporting documentation related to the emergency and financial need (i.e. medical bill, eviction notice, utility disconnection notice) requested. Submit via email to emergencyfund@upstate.edu or fax to #315-464-7221. All identifying information from the application and documentation will be removed and presented to the Upstate Employee and Student Emergency Fund Committee for funding determination. Every effort will be made to preserve applicant's confidentiality. For more information about the fund, eligibility, and process, please visit www.upstate.edu/emergencyfund or email emergencyfund@upstate.edu, or call Program Administrator, Renae Rokicki at #315-464-9443.

PERSONAL INFORMATION

NAME: ____
First Name *Last Name*

ADDRESS: ____

CITY: ______________________ **STATE:** ____________ **ZIP:** ____________

HOME PHONE: (___)__________ **CELL PHONE:** (___)__________ **WORK PHONE:** (___)__________

Can we contact you at work? Yes _____ No _____ **EMAIL ADDRESS:** ______________________

PREFERRED METHOD OF CONTACT: ____

UPSTATE MEDICAL UNIVERSITY INFORMATION

UPSTATE ID# ______________________ **UPSTATE START DATE:** _____/_____/_______

PREVIOUSLY APPLIED TO THE EMERGENCY FUND? Yes ___ No ___ **IF YES, WHEN:** ________________

EMPLOYEE: CSEA_____ PEF_____ UUP_____ M/C_____ RF_____ Medbest _____ Upstate Community Medical, PC _____ **STATUS (circle)**: Full-time Part-time Per Diem Disability Leave **HOURS WORKED PER WEEK:** __________ **POSITION/ DEPARTMENT:**______________________________

UPSTATE STUDENT: _____ **ENROLLMENT STATUS (circle):** Full-time Part-time Leave **YEAR:** __________

COLLEGE: (circle): Nursing Health Professions Graduate Studies Medicine **PROGRAM:** ______________

APPLICANT: By signing, you are indicating you have read and agree with the statements below.

1. I declare that all information presented about my request for assistance is complete and correct. I am aware that knowingly making untrue statements and any deliberate misrepresentation or withholding of facts will be considered fraudulent and will result in a rejection.

2. Providing false information could also result in a demand for repayment and further employment/student action.

3. I give the program administrators consent to disclose information to the Upstate Emergency Fund Committee.

4. If my application is approved, I give permission to Upstate Medical University/Upstate Foundation, Inc. to process the financial paperwork and contact the payee if necessary.

5. I understand that a copy of my application will be retained for Upstate Emergency Fund records.

6. I understand that confidentiality pertaining to my application and details of my hardship will be respected, but cannot be guaranteed.

APPLICANT NAME (PRINTED): ____

APPLICANT SIGNATURE: ____

DATE (Month, Day, and Year): ____

HOUSEHOLD INFORMATION

Provide information about those living in your household:

Adults: # including yourself _____ Relationship to self: ____

Children: #_____ Age(s) of Children ______________ **Other** (Explain): ________________________________

DETAILS OF HARDSHIP

Explain the emergency circumstances and the financial hardship.

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Have you taken any steps to resolve the hardship? Yes _____ No _____

If "Yes" – Explain *how* below and check all the resources you have used to try to resolve the hardship:
Please note that documentation of such may be requested.

- ☐ Assistance from friends/relatives
- ☐ Payment plan
- ☐ Loan/mortgage modification
- ☐ Borrowing against equity, i.e. retirement/home
- ☐ Assistance from house of worship
- ☐ Other (Explain): ____
- ☐ Department of Social Services (DSS)
- ☐ Food bank/food pantry
- ☐ Community resources
- ☐ If student: Student Affairs/Financial Aid

Explanation of the steps you took: ____

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Is your income typically adequate to meet your ongoing financial commitments? Yes _____ No _____

What changes have or can be made: ____

____

____

Expected length of hardship: ____

How much financial assistance are you requesting? ________ **When do you need the funds?** ____________

Monies to be used for: ____

How will this assistance resolve hardship?: ____

PAYMENT INFORMATION

Pay To Information: (Third-party creditor or vendor the check will be mailed to)

Pay To Name: ____

Account Number: ____

Pay To Address: ____

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City: ____ State:__________ Zip: ______________________

Phone: (_____)___________ Fax Number: (____)___________ Website: ____________________________

SUPPORTING DOCUMENTATION

Official documents are required to be submitted related to the emergency and financial need.

Please provide CURRENT documentation that explains your economic hardship and supports your application.

For the bill(s) requesting payment assistance, all documents must include applicant's name/address, account number, current balance and a payment address.

Examples of document(s) to provide *related to the emergency and financial hardship.*

- ☐ Mortgage statement
- ☐ Verification of rent (letter from landlord; lease)
- ☐ Utility bill (Gas, Heating oil, Electric)
- ☐ Car statement (indicating monthly payment)
- ☐ Insurance statement (Vehicle, Property)
- ☐ Childcare bill or statement from provider
- ☐ Service/Repair estimate or invoice
- ☐ Credit Card statement
- ☐ Medical Bill
- ☐ Dental Bill
- ☐ Other (explain) _________________________
- ☐ Other (explain) _________________________

Any additional information or extenuating circumstances you would like to explain:

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