

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 criteria of the program. However, individuals can only receive, at maximum, one funding opportunity, regardless of amount, per every three calendar years. 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 Renae Rokicki at rokickir@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/Program Coordinators 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 contact Program Administrator, Renae Rokicki at #315-464-9443 or rokickir@upstate.edu.

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.

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.

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

Explanation of the steps you took: _____

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: _____

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*.

- | | |
|---|---|
| <input type="checkbox"/> Mortgage statement | <input type="checkbox"/> Service/Repair estimate or invoice |
| <input type="checkbox"/> Verification of rent (letter from landlord; lease) | <input type="checkbox"/> Credit Card statement |
| <input type="checkbox"/> Utility bill (Gas, Heating oil, Electric) | <input type="checkbox"/> Medical Bill |
| <input type="checkbox"/> Car statement (indicating monthly payment) | <input type="checkbox"/> Dental Bill |
| <input type="checkbox"/> Insurance statement (Vehicle, Property) | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Childcare bill or statement from provider | <input type="checkbox"/> Other (explain) _____ |

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