



**SCRS-IL**

Southern California  
Resource Services for  
Independent Living

Achieve. Educate. Individualize. Maximize Quality of Life

## Employee Assistance Fund Grant Application

### Eligibility Requirements:

SCRS-IL is proud to offer the EAF as an option for employees who need financial assistance because of certain unexpected hardships including domestic violence.

You can receive EAF assistance once every 12 months, and you must apply within 30 days of a qualifying incident. If your application is denied, you can submit a new application for a different incident after six months.

SCRS-IL has added the ability for Employees of SCRS-IL to apply for the EAF without a Financial hardship in order to assist in covering the costs for extracurricular activities for their child. The EAF can cover registration or supplies with a maximum award of \$300.00 per year. Examples of extracurricular activities (Equipment for Sports, Registration Costs, Art, Music, and S.T.E.M. Activities)

Check Applicable Box:          Hardship Employee Assistance          Extracurricular Activities

### Employee Eligibility

You're eligible to apply for assistance if:

- You are currently employed by SCRS-IL.
- You are regularly scheduled to work 15 or more hours per week.
- You are actively employed or on an approved leave of absence for no more than one year.
- Your family combined household gross income (including you, your spouse and eligible dependents) is less than \$100,000.00.
- Your Child applying for the Extracurricular Activity is under the age of 18 years old.

### Qualified Incidents

Qualified incidents are unexpected or unavoidable circumstances outside of your control that create an economic or legal hardship for you and your family. These are usually one-time events that cause you to spend your



**SCRS-IL**

Southern California  
Resource Services for  
Independent Living

Achieve. Educate. Individualize. Maximize Quality of Life

rent, mortgage or utility money on unexpected bills or that cause an unexpected legal issue.

Qualified incidents fall into five main categories.

- **Natural disasters.** These can include floods, lightning strikes, house fires, tornado strikes, etc., that affect your primary residence.
- **Illness or injury.** Examples include heart attacks, car accidents, emergency room visits or other medical bills that aren't eligible for reimbursement for you, your spouse, domestic partner (as defined by SCRS-IL) or eligible dependents.
- **Death.** This can be your death or the death of your spouse, domestic partner (as defined by SCRS-IL), child or other eligible dependent.
- **Military deployment.** Assistance may be available to help you pay for unexpected costs associated with your deployment or the deployment of an immediate family member.
- **Domestic Violence.** Emergency assistance is available to an individual that is a victim of domestic violence. (Needing emergency shelter for yourself and your children will be provided with up to 3 nights in a hotel, clothing items for self and children, school items while sheltered, and food allowance for the family) it is the responsibility of the individual to seek out additional immediate assistance as this is only authorized for up to 3 nights.
- **Catastrophic or extreme circumstances.** These are defined as events that happened within 30 days of the application date, don't fall into any of the categories above, and result in unexpected bills that cause you to spend your rent, mortgage or utility money on unexpected bills or that cause unexpected legal issues.

## Examples of incidents that don't qualify include:

- Loss of household income because of a cutback in hours or overtime.
- Credit card bills, vehicle purchases or home foreclosures.
- Expenses incurred due to lack of homeowners or medical insurance.
- Accumulated financial distress that results in your not having enough income to cover your regular monthly bills. EAF grants aren't available to resolve ongoing general financial problems.
- Wage garnishments, disconnection notices or eviction notices. These are results of a financial hardship, not the cause. Instead, your



**SCRS-IL**

Southern California  
Resource Services for  
Independent Living

Achieve. Educate. Individualize. Maximize Quality of Life

application for assistance needs to describe what happened that prevented you from paying these bills.

While the EAF may provide assistance for expenses that aren't eligible for reimbursement under medical or homeowners insurance, note that the EAF is not a replacement for insurance. If you do not have insurance, the EAF may allow a one-time exception and award financial assistance to pay for expenses. In such a case, you must obtain medical or homeowners insurance to be eligible to apply to the EAF in the future.

### ***Extra Curricular Activities***

SCRS-IL believes in our youth and future generations by taking a proactive approach in supporting activities that enhance the ongoing growth and development of our children. There is no financial requirement nor any hardship required to apply for the EAF if the request is for Extracurricular Activities.

If you have questions about what's considered to be a qualifying incident, Email the SCRS-IL CEO @ [rcontreras@scrs-ilc.org](mailto:rcontreras@scrs-ilc.org)



**SCRS-IL**

Southern California  
Resource Services for  
Independent Living

Achieve. Educate. Individualize. Maximize Quality of Life

## Employee Assistance Fund Grant Application

The Application is confidential and will only be available to the CEO. The CEO may need to contact other individuals with respect to your Application and will do so in a confidential manner. The Fund requests that you also treat your request confidential.

Applicant's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Hire Date \_\_\_\_\_

Work Location (ex. Downey) \_\_\_\_\_

Phone # \_\_\_\_\_ Office Phone # \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_

**Describe your hardship and the reason for the request (continue on reverse for more space) ; For Extra Curricular Activities, describe the activity and reason for the request:**



**SCRS-IL**

Southern California  
Resource Services for  
Independent Living

**Achieve. Educate. Individualize. Maximize Quality of Life**

**What specific financial assistance do you need at this time? Please be specific – list the organization, doctor, hospital, etc. to whom payment will be made, address for mailing and the amount requested, as well as the total amount of the bill, claim, invoice, etc. \*\*Copies of medical bills, invoices, payment requests are required and should be attached. Use reverse if needed.**



**SCRS-IL**

Southern California  
Resource Services for  
Independent Living

**Achieve. Educate. Individualize. Maximize Quality of Life**

**Have you investigated what other financial assistance may be available to you (such as savings, insurance coverage, federal or state aid, family)?  NO,  YES If not, explain why not? If yes, please list the other possible sources of assistance and an approximate amount available. For Extracurricular Activities, state the Name and Age of the Child.**

**Do you anticipate that any of the expenses for which you are requesting a grant be reimbursed to you by some other person or organization?  NO,  YES If yes, identify which expenses you believe may be reimbursed and the amount of any anticipated reimbursement.**

**In order to comply with Internal Revenue Service rules and regulations, I understand and certify by my signature below the following is true and correct: (1) the information provided in this Application and any attachments is accurate to the best of my abilities and knowledge, and (2) if a grant is awarded to me from the Fund, the grant funds will be used only for the purposes stated in this Application. I authorize the CEO to contact other individuals, as necessary, with respect to this Application for the purpose of conducting its due diligence.**

Employee Name (Print Name) \_\_\_\_\_ Date \_\_\_\_\_



**SCRS-IL**

Southern California  
Resource Services for  
Independent Living

Achieve. Educate. Individualize. Maximize Quality of Life

**For use of SCRS-IL Assistance Fund only**

**AWARD:**

Grant Awarded - Total Amount of \$ \_\_\_\_\_

Grant Funds Paid to **Applicant** \_\_\_\_\_

(name and address): \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Grant Funds Paid to **Provider 1** \_\_\_\_\_

(name and address): \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Grant Funds Paid to **Provider 2** \_\_\_\_\_

(name and address): \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_

**DENIAL:**

Reason Grant Denied: \_\_\_\_\_ Application Incomplete  
\_\_\_\_\_ Application Did Not Meet Grant Guidelines  
\_\_\_\_\_ Other: \_\_\_\_\_

Date & Method Denial Communicated to Applicant (i.e., phone call, mail, etc.): \_\_\_\_\_

CEO Signature \_\_\_\_\_

Date: \_\_\_\_\_