



## EMPLOYEE ASSISTANCE FUND (DISASTER FUND)

Ochsner Health System is committed to supporting its people and is prepared to offer an assistance fund for employees impacted by disaster. A committee will review and award grants to employees who have suffered significant damage to their primary residence (excluding sheds, fences, gazebos, outdoor play areas, gardens, patio furniture, etc.) and property from disaster. Committee decisions are final and may not be appealed. Only one grant per employee/family household is allowed.

Please read through this information carefully, as understanding the guidelines below will assist you in determining your eligibility and completing your application correctly. The committee will not consider incomplete applications. We ask that you complete this information as thoroughly as possible, and just use "N/A" where a question does not apply to your situation. Once you have completed your application, please return it to:

Human Resources

Fax: 504-842-3716

Email: [HRSBA@ochsner.org](mailto:HRSBA@ochsner.org)

### **Eligibility:**

- Active full-time or part-time employees, employed with Ochsner Health and partners
- Special relief employees working 500 hours or more in the past six months
- As a reminder, all employees should apply with all appropriate agencies for assistance; including homeowner's and flood insurance company, etc. along with applying for the Disaster Fund

### **All applications should include:**

- Documentation of disaster damage, including receipts, photographs, etc.
- Completed Assistance Fund Application
- Any additional information describing special circumstances that should be considered (attach additional pages if necessary)

If you have any questions, please call HR Solution Center at 504-842-4748.

## EMPLOYEE ASSISTANCE FUND (DISASTER FUND)

Disaster (Flood, Hurricane, Tornado): Á ÁÁÁÁ .....

Date of Disaster: ÁÁÁÁÁÁÁÁÁÁ ÁÁÁÁÁ ÁÁÁÁÁ .....

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## EMPLOYEE ASSISTANCE FUND (DISASTER FUND)

Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

### **HOUSEHOLD INCOME**

Include employee salary, spouse salary, child support, alimony, social security benefits, etc.

Less than \$20,000

\$20,000 - \$29,999

\$30,000 - \$39,999

\$40,000 - \$59,999

Other: \$ \_\_\_\_\_

### **DEPENDENTS**

Dependents (children, stepchildren)

1-2

3-4

5-6

7-8

9+

Other Dependents (including spouse, grandparents, etc.)

1-2

3-4

5-6+

## EMPLOYEE ASSISTANCE FUND (DISASTER EVENT)

Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Disaster (Flood, Hurricane, Tornado): \_\_\_\_\_

Date of Disaster: \_\_\_\_\_

**Please answer the follow questions:**

1. Have you experienced damage to your primary residence caused by the disaster?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please describe the damages to your primary residence caused by the disaster.

2. Have you experienced damage to your vehicle(s) caused by the disaster?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please describe the damages to your vehicle(s) caused by the disaster.

## EMPLOYEE ASSISTANCE FUND (DISASTER FUND)

Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Disaster Event (Flood, Hurricane, Tornado): \_\_\_\_\_

Date of Disaster: \_\_\_\_\_

**Please answer the follow questions:**

3. Please select any of the following that apply?

- Loss of food or perishable items
- Damage to furniture or other household good
- Loss of clothing or other immediate need items
- Temporary housing expenses for evacuation
- Other

Please describe the loss and/or damages checked above that were caused by the disaster. Please be specific. Attached additional sheets, if necessary.

**Please keep in mind that all applications should include:**

- Documentation of the disaster damage, including receipts, photographs, etc.
- Completed Employee Assistance Fund Application (Disaster Fund)
- Any additional information describing special circumstances that should be considered (attach additional pages if necessary)