



UNIVERSITY OF

Central Oklahoma

UCO Cares Employee Relief Program Application

Funds to provide short-term assistance to UCO employees experiencing severe financial need due to unexpected emergencies.

EMPLOYEE'S PERSONAL INFORMATION (Please Type or Print)

Name:	
Banner ID#	
Title:	
Department:	
Home Address:	
City/State/Zip:	
Number of Dependents:	
Home Phone:	
Work Phone:	
Cell Phone:	
E-mail Address:	

CHECK THE TYPE OF NEED

- Home Catastrophe / Natural Disaster (Up to \$1000)
- Funeral Expense / Emergency Travel (Up to \$500)
- Medical Emergency (proof of insurance required) (Up to \$1000)

Requested Amount: Maximum of 1 application per family, per incident	\$
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LIST ANY OTHER ASSISTANCE YOU ARE RECEIVING FOR THIS EVENT

(American Red Cross, Salvation Army, food pantry, etc.)

DESCRIBE THE EMERGENCY AND SPECIFIC NEEDS IN DETAIL.

ATTACH SUPPORTING DOCUMENTATION (See sample list of supporting documents).

DECLARATION:

By signing below, under penalty of perjury, I declare, to the best of my knowledge and belief, the above stated information is true and correct. I further understand that applying for and/or receiving funds under false pretense is grounds for immediate termination from UCO. Additionally, I authorize UCO to disclose any confidential and/or financial information to the Employee Relief Program Committee as it pertains to the above emergency. I further authorize the Employee Relief Program Committee and/or UCO to disclose any confidential and/or financial information to other community resources to determine if I am eligible to receive assistance.

Signature: _____ Date: _____

Mail, fax or hand-deliver completed application to:

UCO Human Resources
Lillard Administration Building, Rm 204
100 N University, Box 171
Edmond, OK 73034
Fax# 405-974-3896

The Employee Relief Fund Committee will not consider incomplete applications. The Committee reserves the right to give more or less than requested depending on the funds available and the nature of the hardship. An employee must demonstrate a separate and distinct need in order to be considered for a second disbursement within 24 months. If you have not received a response to your application within seven (7) business days or if your needs require immediate attention (i.e. 24 hours), please contact UCO Police Services 405-974-2345, who will attempt to contact the appropriate people.

NOTE: For all approved requests, UCO will make checks payable to the organization(s) whose services you need (funeral home, mortgage company, utility company, service provider, hotel, etc.), but will mail the required payment(s) directly to the applicant.



UCO Cares Employee Relief Program Events Eligible for Assistance

1. Home Catastrophe / Natural Disaster

- Employee's personal residence is destroyed or rendered unlivable by a localized natural disaster (fire, flood, tornado, mudslide, etc.) or federally/state declared natural disaster or terrorist attack.
- Employee's personal residence requires unanticipated emergency maintenance repairs to ensure the physical health and safety of the employee (HVAC for heat or AC, sewer, etc.)
- **Amount of Grant:** Guided by Committee practice, and depending on your financial hardship.
- **Required Documentation:** Proof of home ownership or copy of lease agreement, photograph of damaged residence, insurance claim, fire, police or insurance report, lodging receipts/bill, repair estimates, furniture bill, etc.

2. Funeral Expense / Emergency Travel

- Available to assist those who have incurred the loss of an employee or immediate family member* if the employee is financially responsible for arrangements. An employee's spouse/life partner may apply for assistance in the event of an employee's death. Employee may also receive assistance for emergency travel to attend a funeral of an immediate family member.
- Additionally, employee may receive assistance to care for a terminally ill employee or immediate family member, or to cover travel expenses for a critically ill employee or immediate family member to an out-of-state medical facility.
- **Amount of Grant:** Guided by Committee practice; depending on an employee's need for direct funeral expenses; and taking personal financial hardship into consideration.
- **Required Documentation:** Copy of death certificate, a statement from the funeral home indicating financial responsibility of employee and a copy of the funeral bill, or documentation of the illness/medical condition and medical referral to an out-of-state facility.

3. Medical Emergency

- Funds available to assist employees who have encountered financial hardships for medical reasons beyond their control (illness, injury, etc.).
- **Amount of Grant:** Guided by Committee practice for medical emergencies and taking personal financial hardship into consideration.
- **Required Documentation:** Copies of medical bills and any related medical documentation.

Note: Due to United States' Internal Revenue Code (IRS) regulations, all supporting documents must be in English.

**Immediate family is defined as: spouse/life partner, parents, step-parents, brother/sister, children, step-children, grandchildren, grandparents, current in-laws (mother/father-in-law, son/daughter-in-law).*