



By Proxy Application for Assistance Athens-Clarke County Charity Drive Committee Employee Emergency Fund

RETURN THIS COMPLETED FORM WITH ALL SUPPORTING DOCUMENTATION TO ANY ACC CHARITY DRIVE COMMITTEE MEMBER.

The Athens-Clarke County Charity Drive Committee (the "Committee") reviews applications for request and approves them **provided they meet the following definition of emergency**: "A severe financial hardship resulting from a sudden and unexpected illness or accident experienced by the employee/retiree or his/her dependent; and/or the loss of an employee/retiree's primary residence due to casualty." The Committee does not generally approve applications for requests to pay bills for which payment arrangements can be made with the creditor, lender, or service provider. Certain situations may warrant further inquiries from the Committee to the employee needing assistance into the details of the emergency hardship in order to approve or decline this request.

The amount of assistance, which may be granted to a recipient, varies depending on the emergency. There is a limit per incident of \$1,000 for individuals who currently contribute at least \$50/year (\$2 per pay period for bi-weekly employees) to the Employee Emergency Assistance Fund and \$350 to all other individuals. Individuals eligible for maximum assistance may receive \$2,000 in a 12-month period, while all other individuals may receive up to \$700 in a 12-month period. *An employee is not eligible to receive assistance within the first 6 months of employment with Athens-Clarke County.*

If the committee finds that any claims regarding this request are intentionally false or that funds received by the applicant were not used for the intended emergency relief, the committee reserves the right to refuse future applications from the applicant and/or proxy.

This description is intended to provide information only. It is not intended, and should not be taken, as a statement of legal rights and responsibilities. The description of services provided by the Committee is subject to change or termination at any time by action of the Committee members.

AUTHORIZATION FOR THE RELEASE OF PERSONAL HEALTH AND FINANCIAL INFORMATION

I hereby swear or affirm that the information provided in this application, including any attachments, is true and correct to the best of my knowledge. I understand that I am required to advise the employee/retiree who I am requesting assistance for, when at all possible, of my intention to submit an application for assistance on his/her behalf.

I have provided an explanation of the emergency hardship with all relevant details, which may include attachments. I understand that the Committee may ask the employee/retiree for further information concerning the emergency hardship described in this application in order to assess this request. I understand that this information will be kept confidential by the Committee unless the information must be disclosed by law. I also understand that the Committee may require financial counseling prior to considering this application if the employee/retiree has submitted a request for assistance 3 or more times within the last 24 months.

I understand that if the Committee does not approve this application for assistance that I or the employee/retiree will be permitted one opportunity to make an appeal to the Committee and to submit any additional documentation that may be useful for Committee reconsideration.

I understand that I DO NOT HAVE A LEGAL RIGHT to request a copy of all information provided to the Committee in processing this application, as it contains protected, confidential information of the individual and/or family.

Proxy Signature: _____

Date: _____

- 8) If the committee does not approve this request for assistance, how will this affect the employee or retiree? What, if any, other options are available to them?

Documentation:

Please provide as much supporting documentation as you can. Examples include:

Invoices for repairs, medical supplies, or other expenses related to the emergency situation
Water and/or power disconnect notices
Foreclosure or eviction paperwork
Deductible printout from your insurance carrier
Estimates for needed medical procedures, home repairs, etc.
Police report
Pictures
Anything else that helps detail the situation and/or supports this request

COMMITTEE USE ONLY

- 1) Does the applicant or recipient contribute at least \$50/year to the Emergency Assistance Fund?
☐ YES ☐ NO

- 2) Has the applicant or recipient been previously assisted?
☐ YES ☐ NO

If yes, when? _____

- 3) Is the application fully completed & signed by the applicant or proxy?
☐ YES ☐ NO

- 4) Was documentation provided by the applicant or proxy?
☐ YES ☐ NO

- 5) Have you spoken to the applicant, proxy, and or supervisor?
☐ YES ☐ NO - Why not? _____

- 6) Have you verified the information given (utilities bills, evictions, payroll/disability, etc.)?
☐ YES ☐ NO - Why not? _____

Reviewed By Committee Member: _____

Comments:
