

## Emergency CARE Fund Application (Cornellians Aiding and Responding to Employees)

- This is a limited fund. Please use your discretion when deciding whether to apply.
- The Emergency CARE Fund is a program offering financial assistance to faculty and staff who have experienced a non-recurring sudden or emergency-related financial hardship due to an unforeseen or unavoidable event.
- An emergency is an event of such magnitude as to dislocate people, cause significant damage or destroy homes, or otherwise cause an extraordinary, non-recurring personal catastrophe or crisis, and result in a major financial burden.
- The program is administered confidentially through the Office of Human Resources. Financial assistance provided through the Fund is intended to assist faculty and staff with immediate, essential expenses by providing one time funds to address the faculty or staff member's emergency financial challenge.
- The Emergency CARE Fund program is *not* designed to address ongoing financial challenges and is *not* a loan that requires the funds to be reimbursed.
- The Emergency CARE Fund program is funded through the generous donations of faculty, staff and others who are interested in supporting faculty and staff who are in financial need due to an unplanned circumstance.

### Submit to:

Emergency CARE Fund Email: [carefund@cornell.edu](mailto:carefund@cornell.edu)  
In person: Faculty and Staff Assistance Program, 312 College Avenue  
Fax: (607) 254-8879 Phone: (607) 255-2673

### Employee Information

*This portion of the application is confidential and will only be seen by the Fund Committee.*

Employee Name:

Home Phone:  Alternative Phone #:

Home Address:  Email address:

Department/Unit:

University Position:  Date of hire:

Employee ID number:  Campus Phone Number:

Campus Address:

*Awards are automatically provided through direct deposit on next possible pay day. However, special arrangements may be made to pick up a check earlier at the Payroll Office (377 Pine Tree Road). Appropriate taxes will be deducted from the total amount awarded. Awards are granted in amounts up to \$1,500.*

#### **If this application is being completed by a representative of the employee:**

Representative name:  Relationship to employee:

Contact Information:

I understand that I am solely responsible for the validity of the information provided on this application and that the personal financial information provided is current and accurate. I understand that any intentional misrepresentation in this application may result in cancellation and repayment of my CARE award and/or may result in adverse employment consequences for me.

Signature

Date

*This information will be used by the CARE Fund Committee in the application review process.  
You may attach additional paper if necessary.*

## Emergency Description

1. What is the purpose of this request? Describe the circumstances that led to the emergency and the extent of the problem. Feel free to attach an extra sheet if you need more room.

2. Please estimate the actual amount needed to overcome this immediate emergency.

3. What other agencies or organizations have you applied to for assistance? Have you received any financial help to date? If so, how much?

4. Do you expect a settlement or other reimbursement from any source to help with your emergency? If so, how much? Please explain.

5. Do you have an insurance policy that covers these circumstances and if so, what is the deductible?

6. Do you have the funds to cover this immediate need (i.e. savings or other available accounts)?

7. If this is a medical emergency, have you exhausted your health and personal leave and vacation accruals? Are you eligible for the catastrophic leave policy (check with your Human Resources Department)?

The Faculty and Staff Assistance Program (FSAP) offers professional counseling, information, and referral services for faculty and staff; please check here if you would like a counselor at FSAP to contact you.

**Please attach proof of emergency**

- Police/fire reports
- Death certificate
- Other

**Individuals that reside in the household**

Relationship:	<input type="text"/>	Age:	<input type="text"/>
Relationship:	<input type="text"/>	Age:	<input type="text"/>
Relationship:	<input type="text"/>	Age:	<input type="text"/>
Relationship:	<input type="text"/>	Age:	<input type="text"/>

**Office use only**

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

**Approval**

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

Amount requested: \_\_\_\_\_ Amount approved: \_\_\_\_\_

**Denial**

Request denied (date): \_\_\_\_\_

Reason for denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_