

## California State University Channel Islands Helping Hand Program

The CI Helping Hand Program, a special fund that has been established within the CI Foundation, is a project designed to provide assistance to employees in need. The program may help with food and/or other necessities for members of employee households. Assistance will generally be in the form of gift cards.

Some donations have already been received. Anyone wishing to contribute to this fund to help us take care of each other is encouraged to do so. Donate by contacting the Laurie Nichols in Human Resources at 437-8423 or by email at [laurie.nichols@csuci.edu](mailto:laurie.nichols@csuci.edu).

Employees can request assistance by contacting Human Resources. An application will be required. A small committee made up of CI employees will review all applications and make award decisions. ALL APPLICANTS WILL REMAIN ANONYMOUS. Please submit the completed application to Human Resources by **December 19, 2014**.

The CI Helping Hand Program has been established to assist employees experiencing a temporary hardship and is not intended to replace other forms of assistance or to be ongoing. We know that all applicants are experiencing financial need, but with limited funds available, not all will be able to receive assistance, even though clear need may be evident. The CI Employee Assistance Program (EAP) is also available to offer other (non-financial) forms of assistance during difficult times. Additional information and EAP pamphlets are available at Human Resources.

### Program Criteria:

1. Applicants must be full-time employees and have worked at CI for at least 12 months.
2. Applicants can receive assistance only once per household, i.e. families with more than one CI employee can apply only once.
3. The hardship addressed in the application must be the result of a temporary situation. This is defined as an acute financial setback as the result of a specific event (e.g. foreclosure or threat thereof, loss of employment, acute illness, death of immediate family members, etc.). By temporary, it means that an applicant, who previously was able to manage his/her finances, now finds him or herself unable to afford basics to provide for his/her family. Because we anticipate the needs for assistance may exceed the available funds, this criterion was established to be fair and consistent in the administration of the limited funds.
4. Maximum award per household will not exceed \$500. Awards may be subject to payroll tax.
5. Assistance through the program will be dependent upon availability of donated funds to distribute. The program will not continue once donations have been exhausted.

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Helping Hand Program

APPLICATION FOR ASSISTANCE

**MISSION:** *To help CI colleagues and their immediate families by providing food, and/or other necessities when faced with temporary financial difficulties.*

**Please complete the application, sign and return in a sealed envelope to "Human Resources, Attn: Laurie Nichols" by December 19, 2014. Applications will be reviewed in a timely manner.**

**All fields are required to be completed. Forms missing information will not be considered for assistance. If a field does not apply to you, please write N/A (not applicable).**

Tell Us About Yourself

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

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Household income per year (\*Total income from all persons 18 years of age and older living in your household) from all sources (documentation may be requested):

What was your 2013 Adjusted Gross Income? \$ \_\_\_\_\_

What is your current monthly income? \$ \_\_\_\_\_

Are you currently receiving assistance from an outside agency or source (Social Services, Salvation Army, Food Share, area churches, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are currently receiving assistance, please identify the source and the amount of the assistance below:

How many adults are living within your household? \_\_\_\_\_

How many children (under age 18) are living within your household? \_\_\_\_\_

What are the ages of your children? \_\_\_\_\_

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1. I certify that the information hereon is complete and accurate.
2. I will apply any and all monies received through this application toward the listed obligations.
3. I understand that monies may be considered as income and may be taxable.
4. I give CI my consent to disclose personal information to the CI 2014 Helping Hand Program Committee.

Date \_\_\_\_\_

*Level of assistance will be considered by determination of need. The program is intended to assist families in a time of hardship, and assistance will be based on the committee's assessment of individual circumstances. The CI Helping Hand Program Committee can ONLY provide assistance for immediate family members living within the household of the CI employee.*