California State University Channel Islands
2010 Helping Hand Program

The CI Helping Hand Program is a one-time project for 2010 designed to provide some assistance to employees who may be in need in this difficult economic time. 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.

A special fund has been established within the CI Foundation and 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 Nichole Ipach in the Advancement Office at 437-8893 or by email at nichole.ipach@csuci.edu.

Any CI community member can request assistance by contacting Human Resources Programs or the University Reception Desk. An application will be required. A small committee made up of CI employees and CI Foundation board members will review all applications and make award decisions. ALL APPLICANTS WILL REMAIN ANONYMOUS.

The CI 2010 Helping Hand Program has been established to assist employees experiencing a temporary hardship during the current budget crisis 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.

Assistance will be considered by determination of need. The program is intended to assist families in a time of hardship, and applications will be approved or denied based on the committee’s assessment of individual circumstances. Additional information may be requested of applicants during the application review.

The CI 2010 Helping Hand Program can only provide help for CI employees and their immediate family members living within their households.

Program Criteria:

1. Applicants must be fulltime 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, definable 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 for the 2010 calendar year only and will be dependent upon availability of donated funds to distribute. The program will not continue past December 31, 2010.
MISSION: To help CI colleagues and their immediate families by providing food, and/or other necessities when faced with financial difficulties during the current budget crisis.

Please complete the application, sign and return in an envelope to Human Resources or the University Reception Desk. 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 2009 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 18) are living within your household? ____________________________

What are the ages of your children? _____________________________________________

Explanation/Special Circumstance – Please indicate below special information that may be helpful to the committee in establishing your need for assistance. Be specific about for what any awarded funds would be used. Attach additional pages if needed.

________________________________________________________________________________
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My signature below indicates my agreement with the following certifications:

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 2010 Helping Hand Program Committee.

________________________________________________ _________________________
Signature Date

Printed Name

*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 2010 Helping Hand Program Committee can ONLY provide assistance for immediate family members living within the household of the CI employee.*