



Guidelines for Team Member Assistance Fund (formerly Caring Community Hardship Employee Fund)

The Team Member Assistance Fund provides financial assistance to eligible team members who experience financial hardship due to an emergency situation beyond their control.

Qualified situations and expenses may include but are not limited to an uninsured loss of property due to fire or a natural disaster, unanticipated medical expenses not covered by insurance, the death of an immediate family member, and emergency relocation costs.

Non-qualified situations and expenses may include regular vehicle payments, normal transportation costs, routine rent/housing payments, insurance, credit card debt, fines, bail and legal defense expenses, and tuition payments.

The situation must apply to the team member or an immediate family member, e.g., spouse/partner, child, stepchild, or parent.

Funding for this program is made possible by Presbyterian Senior Living and the generosity of its donors. This program is subject to the availability of funds.

Applications are treated as confidential and are reviewed by the Team Member Assistance Fund Committee.

Team Member Assistance Fund

- Assistance is limited to up to \$1,000 per team member per calendar year
- If the grant is taxable, the tax will be paid by Presbyterian Senior Living

Team Member Eligibility Criteria

To be considered for assistance, a team member must:

- Experience an emergency situation beyond their control that results in financial hardship
- Be employed by PSL or one of its communities as a full-time team member or a part-time team member for 6 months or more; PRN team members are ineligible for this program

The Committee may consider additional factors when evaluating the application and the amount to be granted including the:

- Severity of the emergency and degree of financial hardship
- Existence of other resources that might be used

How to Apply

1. A team member may receive assistance once in a calendar year.
2. Complete the application form (provided below). Application forms may be obtained by contacting your Human Resources Manager or the PSL Vice President of Employee Relations. It is also available on *My HR* under the *Human Resource News* section.
3. Required documentation and/or attachments specified on the application form must be submitted at the time of application. Incomplete applications will be returned and cause a delay.
4. The completed application and attached documentation should be sent to the PSL Vice President of Employee Relations. It may also be dropped off to your Human Resources Manager in-person who will

forward it to the PSL Vice President of Employee Relations. Please place your application and documents in an envelope and mark it, "Confidential. PSL Vice President of Employee Relations Human Resources."

- a. Email it to jlelii@psl.org, or
- b. Mail it to: PSL, Vice President of Employee Relations Human Resources, 1 Trinity Dr E, Suite 201, Dillsburg PA 17019

Decision and Awarding Assistance

- The PSL Vice President of Employee Relations will review and validate the team member's eligibility, ensure all information has been completed as required, and forward to application to the Committee.
- The Committee will convene and make a decision on the applications to include approval/denial, and amount.
 - The Committee includes the Vice President of Employee Relations, Vice President Mission Support, and the Vice President of Operations for the Eastern Region.
 - The Committee will try to review the application and make a decision within 72 hours.
 - An application may be partially or fully funded.
- If additional information is required, the team member will be contacted by the PSL Vice President of Employee Relations.
- Once a decision has been reached, the team member will be notified by the PSL Vice President of Employee Relations.
- If an application has been approved, a check will be prepared payable to the team member.

Confidentiality and Stewardship

Submissions are confidential.

To help inspire donors who make this program possible, those who receive funding may be asked to write an anonymous thank you note (your name will not be used to protect your identity).

Team Member Assistance Fund grants are not required to be paid back, however, future donations to the Team Member Assistance Fund are welcome to sustain the program for other team members.

For more information, please contact the PSL Vice President of Employee Relations via email jlelii@psl.org, office phone: 717-502-1797 or mobile: 717-480-0128.

It is the policy of Presbyterian Senior Living and its communities to provide equal opportunity consistent with the law in all phases of operation without regard to race, sex, age, color, religion, national origin, veteran status, creed, marital status, disability or sexual orientation in accordance with applicable law. An integral part of this policy is to provide equal opportunity in all aspects of an individual's relationship with PSL - recruitment, hiring, promotion, conditions of employment, compensation, classification, training, benefits, transfers, discipline, referral, and termination of employment. Any EEO-related questions, problems, or complaints should be directed to the community Administrator/Executive Director, the community Human Resources Department, or the Corporate Human Resources Department.



PRESBYTERIAN SENIOR LIVING

Application to the Team Member Assistance Fund (formerly Caring Community Hardship Employee Fund)

We encourage you to make a copy of your application for your records. Please return your completed form to Human Resource marked, "Confidential. PSL Vice President of Employee Relations Human Resources." Incomplete applications cannot be considered. If additional space is needed, attach additional pages to the application.

Team Member Full Name: _____ Circle one: FT PT

Location of Work (i.e. PSL Office, Department, Community): _____

Personal Email: _____ Personal Phone: _____

Personal Address: _____

Employment Hire Date: _____ Current Position: _____

Amount Requested: \$ _____

1. Please describe the emergency situation that led to the financial hardship you are experiencing.

2. How will this assistance be used? Please be specific.

3. When do you need this assistance? Please provide a date, especially if a bill is due.

4. Have you ever applied for assistance from this fund before? If so, when and what was the result?

5. Other comments/information that would be helpful in reviewing this grant application:

Please attach copies of the below documents (as applicable). The team member's name must be visible. Social security numbers may be redacted.

☐ Specific bill(s) for which you are requesting assistance

☐ Death certificate / obituary / funeral home invoice or other relevant information

☐ Police or Fire Department reports

☐ Other _____

I have received, reviewed and understand Guidelines for the Team Member Assistance Fund. I agree to abide by the expectations and provide documentation to PSL as requested. I also certify the information provided in this application is true and correct to the best of my knowledge and understand intentional misrepresentation of information will result in forfeiting this and any future assistance. I authorize the Committee administering this program to verify my employment records, accounts, and any other information needed to process my application. By signing this application, I understand that assistance provided to me by my employer may be considered taxable income. I understand that this program is subject to the availability of funds and may be suspended or terminated for any reason. I understand that I may be contacted by a member of the Mission Support team to get a quote about the program and that it may be used without my name.

Signature of Team Member

Date

Submit this application via

- Email the Vice President of Employee Relations Human Resources at jlelii@psl.org, or
- Mail: PSL, Vice President of Employee Relations Human Resources, 1 Trinity Dr E, Suite 201, Dillsburg PA 17019

For Committee Use

Application status (circle one): Approved Denied

Amount \$ _____ Reason: _____

Signature of Committee Member: _____ Date: _____

Presbyterian Senior Living Payment Processing

Date Payment Instructions Requested: _____ Date Payment Instructions Received: _____

Mailing address where the check should be sent:

Name of the party: _____

Address: _____

Date of Payment/Check Number/Amount: _____