



EMPLOYEE CRISIS FUND

OVERVIEW

The San Diego County Employees' Charitable Organization (CECO) Employee Crisis Fund (ECF) provides emergency assistance to County of San Diego employees or retirees who are experiencing a financial hardship resulting from certain sudden, severe, and unexpected event(s). The program is intended to *lend a hand* to fellow colleagues during their time of unexpected financial hardship.

ASSISTANCE

The maximum amount available for assistance is \$3,000. The maximum award is not guaranteed, and in most cases, a lesser amount will be awarded. All payments are made directly to vendors as bill payments – assistance funds are not sent directly to applicants. This fund is supported by the donations from, and various fundraising organized by, County of San Diego employees and retirees. The decision to grant funds is based on the applicant's eligibility, the applicant's need, the circumstances underlying the lack of resources, and funding availability. Grant funding is designed to fill an unexpected (emergency) financial need that will allow the individual to be financially self-sufficient moving forward.

QUALIFIED EMERGENCY/CRISIS

An emergency/crisis is defined as the occurrence of any event or combination of circumstances which is beyond the employee's control and requires quick action. Examples include natural disaster, theft/loss of essential property; illness/disability, death in immediate family that resulted in an emergency situation; loss of employment by spouse; fire; and non-preventable accidents. The ECF is not intended to provide monetary support for individuals experiencing financial hardship connected to or arising out of gambling, overspending, and/or preventable circumstances.

Emergency/crisis event(s) that qualify for ECF assistance must fall in one or more of the following categories:

- **Natural Disaster:** Situations such as a wildfire, flood, severe storms, or earthquake that have damaged or destroyed the employee's primary residence. ECF cannot pay to repair other property and cannot pay to replace non-essential items, e.g., electronics, etc. Photographs and/or insurance reports may be required.
- **Catastrophic Illness or Injury:** ECF is not a substitute for medical insurance; employees do not automatically qualify for a grant when they, or their dependents, are diagnosed with or suffer a life-threatening or serious illness or injury. There must be resulting financial need placing significant pressure on the family's financial resources. Doctor confirmation and/or medical documentation will be required.
- **Death Incident:** This includes the death of a spouse or eligible dependent(s). The loss of income or the cost of funeral expenses or medical bills must significantly impact the family's resources. ECF may also be able to pay expenses to bring a child whose parents have died to live with a new family, typically a relative.
- **Catastrophic or Extreme Circumstances:** This includes but is not limited to fire, major home damage that could not be prevented, serious crime against the employee (robbery, arson, assault, domestic abuse, or another reportable crime) that significantly impacts the family's resources. Police, fire, or other official incident report may be required. It can also include loss of employment by spouse.
- **Loss of shelter, transportation, and other basic necessities:** The ECF may pay for essential transportation costs for the applicant and/or his/her dependent family members in the household. This may include essential vehicle repairs; car insurance expenses; car payment; rental/home deposit.

EXPENSES COVERED BY THE EMPLOYEE CRISIS FUND

A temporary financial hardship caused by a qualified emergency/crisis and incurred for such things as:

- Personal, family, living, or funeral expenses.
- Emergency temporary housing assistance, such as a security deposit, short-term hotel costs incurred to relocate, isolate, for personal safety, etc.
- Unexpected medical, mental, and/or dental health costs related to the emergency/crisis and not covered by insurance.
- Temporary assistance with food insecurity resulting from emergency/crisis.

ELIGIBILITY

To apply and receive assistance, applicant must meet all of the following requirements:

- Permanent employee or retiree of the County of San Diego County.
- Experiencing a one-time qualified emergency/crisis (see above) within the past 90-days that has resulted in their inability to pay for basic necessities (e.g., food, shelter, utilities, and essential transportation).
- Able to have met all basic needs of their household from personal resources prior to the emergency/crisis.
- Has utilized and exhausted all available resources, including savings, to the greatest extent possible before seeking ECF assistance.
- Has not received CECO ECF assistance in the last 18-months.

HOW TO APPLY

1. Read the above guidelines.
2. Ensure all eligibility criteria is met.
3. Complete the ECF Application below and compile all required documentation.
4. Sign and submit application and required documentation to the County of San Diego Department of Human Resources (DHR) Benefits at dhrbenefits.fgg@sdcounty.ca.gov, or fax to (858) 467-9708. DHR Benefits will forward request to the CECO ECF Committee for review and recommendation.
 - a. Request should be complete in order to be considered. Incomplete applications will be returned for clarification, which can cause delays.
 - b. Information provided by applications will be treated as confidential and shared only with individuals directly involved in ECF administration and payment processing.
5. A CECO representative will directly contact applicant for any questions, comments, and recommendation within 14 business days. Decisions are final.
6. If application has been approved, a check will be mailed to vendor(s) as bill payments – assistance funds are not sent directly to applicants.

For more information, please contact CECO at ceco@sdcounty.ca.gov or County Human Resources at Dhrbenefits.fgg@sdcounty.ca.gov.

APPLICANT INFORMATION

Name: _____ **Employee ID:** _____
(Last) (First) M.I.)

Address: _____
(Street Address) (Apartment/Unit #)

(City) (State) (ZIP Code)

Cell Phone: _____ **Email:** _____

Department: _____ **Job Title:** _____ **Mail Stop:** _____
(if applicable):

Work Phone: _____

Marital Status: (check one) Single Married Divorced/separated Domestic partner

Number and Age of Children/Dependents in Household: _____

REQUEST INFORMATION

Emergency/Crisis Category of Request: (check one) Natural Disaster Catastrophic Illness or Injury Death Incident
 Catastrophic or Extreme Circumstances
 Loss of Shelter, Transportation, & Other Basic Necessities
 Other (specify): _____

Amount Requested: \$ _____

Expense Requested to be Covered: _____

BACKGROUND

Please answer the following questions completely.

- All information given will be confidential and financial disclosure is required.
- Information and documentation must establish that after the one-time event has been resolved through Employee Crisis Fund assistance, the applicant shall again be able to meet their basic needs.
- Supporting documents are necessary for evaluating and determining eligibility of ECF request. Examples include but are not limited to vendor documentation, mortgage statement, medical documentation, police, fire, or other incident report, or copy of death certificate or obituary.

Describe the circumstances that led to the emergency/crisis event, including how it has caused financial hardship:

Date of emergency crisis/event:

Describe expense to be covered, including how it addresses immediate need(s).

Describe how this assistance will help you recover from the emergency/crisis?

Describe attempts and outcomes of seeking other resources, to the greatest extent possible before seeking ECF assistance. (For example: Have you tried to seek assistance via resource programs (e.g., rental assistance), other County assistance (e.g., catastrophic leave), savings, and/or family and friends).

How will you meet your financial obligations if CECO has determined that it will provide you with assistance?

Please tell us anything else that would help in understanding the circumstances of the hardship you or your family is experiencing.

MONTHLY INCOME INFORMATION

Please include two months of most recent paystubs

Net Wages (Self): \$ _____

Additional Net Wages (Self): \$ _____

Net Wages (Spouse): \$ _____

Additional Net Wages (Spouse): \$ _____

Net Wages (Others in Household): \$ _____

Please list any other household income:

Child Support: \$ _____

Food Assistance: \$ _____

Other Assistance: \$ _____

TOTAL MONTHLY INCOME: \$ _____

FINANCIAL INFORMATION

Attach two months of most recent documentation for credit cards as well as checking and savings account statements.

	Minimum Monthly Payment	Past Due Amount	Present Balance
Mortgage or Rent	\$	\$	\$
Credit Card	\$	\$	\$
Credit Card	\$	\$	\$
Credit Card	\$	\$	\$
Car Payment	\$	\$	\$
Gas and Electric	\$	\$	\$
TV/Cable	\$	\$	\$
Cell Phone	\$	\$	\$
Child Care	\$	\$	\$
TOTAL MONTHLY DEBT			

BILL / VENDOR INFORMATION

If you are requesting rental assistance or mortgage payment assistance, please provide your landlord, management company, or mortgage company's information below:

Name of Representative: _____ Title: _____

Company: _____ Phone: _____

Mailing Address: _____

Account or Loan Number: _____

VERIFICATION CONSENT STATEMENT AND SIGNATURE

DISCLAIMER: BEFORE PROCEEDING WITH THE COMPLETION OF THIS APPLICATION, PLEASE LOOK INTO IF YOU CAN RECEIVE FINANCIAL ASSISTANCE FROM THE SOURCE YOU ARE SEEKING ASSISTANCE WITH.

I authorize CECO to verify information relating to my Crisis Fund Application and to verify the accuracy of all information received. This authorization will be valid for three (3) months from the date of my signature below. I understand that this verification may involve contacting employers, creditors, banking/saving institutions, and other agencies designated in the application form. I understand that failure to cooperate with verification and/or the Employee Crisis Fund Administrator will result in automatic denial of your application. I understand the Crisis Fund Guidelines. I understand that any fraudulent information may result in prosecution. I understand that I can withdraw my application at any time. I understand that all decisions are final.

Signature: _____ Date: _____

Please complete the CECO Employee Crisis Fund application, print and sign, and then scan and email the application and all documentation to County Human Resources Benefits at Dhrbenefits.fgg@sdcounty.ca.gov. Once all the documentation is received, CECO will evaluate your application and make a recommendation, then contact you with the results in approximately 10 business days. All decisions are final.