

The Austin I.S.D. Employee Assistance Fund

a charity managed by

Charitable Fund, Inc.

The Charitable Fund is a non-profit corporation that is funded by donations from AISD employees and administered by a Board of Directors. AISD provides a meeting place for the Board, and the AISD Finance and Human Resources departments provide free accounting and clerical support to the corporation.

The Fund exists to help AISD employees through difficult financial situations such as:

1. Expenses due to critical illness or injury
2. Expenses due to death or burial of a person *eligible for assistance* (see page 2)
3. Expenses due to catastrophic property losses that are NOT covered by insurance.

Other qualifying reasons:

1. Illnesses or hardship that would likely be life-threatening medically, or would likely have life-long financial consequences or otherwise prevent the employee from coming to work for a significant period of time.
2. The event would be something that the employee could not have reasonably anticipated or prevented.
3. *****The employee would have no access to other resources.*** (must verify)**

Limits on the Fund

1. Current grant limits are set at a maximum of \$500 per application.
2. Employees may apply only once per year.

How Do I Apply?

1. Call 414-0078 and request an application. The application will be mailed or faxed to you, or you may pick one up from AISD Human Resources Dept.
2. All questions must be answered fully and completely. If any items are left blank, the application will not be considered. Include any supporting documentation such as doctor's notes, copies of bills, or other supporting documents.
3. In addition to the employee's signatures, the application requires the signature of the employee's supervisor AND one other district employee, both of whom are familiar with the employee's situation.
4. Fax completed application: 414-1082, or place in school mail to: AISD Employees' Assistance Fund, C/O Department of Human Resources, CAC-A260.
5. Applications will be reviewed by the Board of Directors and will be considered without regard to race, religion, creed, sex, or national origin.
6. It normally takes about 2 weeks for an application to be processed and a decision to be made.
7. You will be notified by telephone if your request is granted, by letter if your request is denied. Checks may be picked up in the Finance Office when you are called.

Employees may donate to this fund by making contributions during the Charitable Fund campaign. Checks should be made payable to: AISD Employee Assistance Fund. Employees may also donate to the fund through monthly payroll deduction. Donations can be made to the fund any time during the year.

AUSTIN ISD EMPLOYEES' CHARITABLE FUND, INC.

Request for Emergency Assistance

Austin ISD employees may request financial assistance from the Austin ISD Employees' Charitable Fund, Inc. if they are in extreme financial need due to catastrophic illness or other hardships.

The employee must make application to the Charitable Fund, Inc. Board of Directors.

Persons Eligible for Assistance:

- Current employees of the Austin ISD, other than members of the Board of Directors of the Fund or their dependents.
- Dependents of current AISD employees. For purpose of emergency assistance, a dependent is an employee's husband or wife or any of the following individuals if the employee (together with the employee's spouse) provides over one-half of the individual's support for the year:
 - √ a child, either natural or adopted, or a stepchild of the employee;
 - √ a brother, sister, stepbrother or stepsister of the employee;
 - √ the father, mother, step-parent or grandparent of the employee; or
 - √ a foster child living with the employee who was placed with the employee by an authorized placement agency.

APPLICATIONS WILL BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, CREED, SEX OR NATIONAL ORIGIN OF THE PERSON FOR WHOM ASSISTANCE IS REQUESTED.

Expenses qualifying as emergency:

The following are examples of the kinds of circumstances that the fund will consider to be emergencies:

1. Expenses due to critical illness or injury.
2. Expenses due to death or burial of a person eligible for assistance; and
3. Expenses due to catastrophic property loss (including theft of essential furnishings and clothes or substantial damage to the residence of persons eligible for assistance). Losses or expenses covered by insurance will not be considered appropriate for assistance from the Fund.

*****You must also verify that you do NOT have access to other resources.*****

**All requests for assistance should be forwarded to:
Austin ISD Employee's Charitable Fund, Inc.
1111 W. 6th Street - Building A - Suite #260
Austin, Texas 78703
Fax (512) 414-1082
Questions: Call Education Austin at 472-1124**

APPLICATION MUST BE FULLY COMPLETED IN ORDER TO BE CONSIDERED.

Send ONLY copies of documents – DO NOT SEND ORIGINALS.

**Please note that any supporting documents you attach to this request will not be returned to you.*

Note: Space on this page is limited. Attach additional pages and supporting documents as necessary. All questions must be answered.

1. Name and address of applicant:

Social Security or EIN #: _____ Primary Language Spoken: _____

Home Telephone #: _____ Work Telephone #: _____

2. Position in school system:

_____ Position _____ Campus

3. Nature of emergency (Be specific as to cause. If a death is involved, specify the name of the deceased and your relationship to the deceased.)

4. How much money are you requesting? _____ (Maximum amount to request is \$500)

5. For what purpose will the money be used?

6. What other resources have you tried to access BEFORE applying for this grant?

7. What were the results? _____

8. Regarding catastrophic property losses, you must verify that such losses are NOT covered by insurance and that you have NO access to other resources. Do you have insurance or other resources? (explain)

9. Name, position, phone number of two AISD staff members who are familiar with your situation and who are willing to certify your request (one must be your principal, supervisor, or director).

a. _____

b. _____

CERTIFYING STAFF MEMBERS ONLY: Please list here or attach on additional pages any comments you may have regarding this applicant's request:

I certify that the information given above is true and complete to the best of my knowledge:

Signature of Principal/Supervisor (certifying request)

Signature of second AISD Staff Member (certifying request)

Signature of Applicant

Date

CONSENT TO RELEASE INFORMATION

The HIPPA (Health Insurance Portability and Accountability Act) Laws were established for the protection and privacy of people’s health care records and personal information.

Your signature below indicates that you are aware of the HIPPA Laws and are authorizing Charitable Fund Board members to share and/or discuss via electronic means your health/personal information for the purpose of reviewing your application to determine whether or not your request meets the fund’s guidelines for assistance. Your signed authorization will be required prior to sending any request for assistance or information to the Board. Failure to provide signed authorization will limit the committee’s access to information that may prove vital in understanding the severity and need involved in your particular situation. Consequently, the inability to access that information may impact the committee’s ability to provide financial assistance based on comparison to other employee assistance requests that are reviewed.

Applicant Signature

Date

Send application & supporting documentation to:

*Austin ISD Employee’s Charitable Fund, Inc.
1111 W. 6th Street - Building A - Suite #260
Austin, Texas 78703
Fax (512) 414-1082*

For Office Use Only:	
Information Verified by: _____	/ _____
Name	Position
Date: _____	This request was awarded: <input type="checkbox"/> Yes <input type="checkbox"/> No