

Horizon Health HEART Fund

Helping Employees with Assistance in Rough Times

The Horizon Health HEART fund provides financial support for employees facing a wide range of temporary circumstances that create personal or family hardships. The goal of this fund is to help employees who were not experiencing financial distress before the emergency to regain financial stability within a relatively short period of time. Monetary donations will not exceed \$1,000 (per payment) to each employee. Each employee is only allowed \$1,000 of support per year, with a lifetime max of 3 payouts (\$3,000). Employees have the option to ask for the full \$1,000 when they need it or they can ask for only what they need and “save” the rest for another time. Ultimately, all payments will be determined by the HEART committee. All applications will be handled with the strictest level of confidence, respect, and anonymity of applicant. Requests will be assigned a number and all identifying info will be removed from the application before the application is presented to the HEART committee. If you’re in need, or know someone who is, fill out this application and return it to Christina Hoffman or to the drop box located outside of HR.



APPLICANT INFORMATION		Application Request Number (leave blank)
Name, last and first	Department	Date
Street Address	Home Phone	Work Phone
City, State, Zip	Email	Preferred Contact Method

APPLICANT REQUEST

I would like to request \$ _____ in assistance due to an unexpected hardship.

How quickly do you need fund disbursement? _____

I am an Horizon Health employee who has experienced the following:

- Death in the family
- Unexpected expenses due to illness
- Uninsured losses caused by fire, crime, or other disaster
- Loss of family income
- Other: _____
(Please provide additional details on attached form)

___ I understand that Horizon Health will take reasonable measures to protect my privacy. However, I understand that my anonymity cannot be guaranteed.

___ I understand that funds may not be available at this time, and that my application does not guarantee of approval of funds. I also understand that the committee may recommend other options for funds (local assistance programs, federal resources, etc).

___ I have provided supporting documentation and agree to provide additional information that may be requested by the Fund Review Committee.

(Please initial the statements above and provide details on next page.)

Applicant Signature: _____ **Date** _____

Committee comments: (leave blank)

___ **Approved** ___ **Not Approved**

Please attach documentation of any events for which it is available. This may include, but is not limited to:

- Certification of medical condition
- Death certificate
- Obituary
- Medical bills
- Insurance claims
- Police reports
- Expense receipts
- Foreclosure or eviction notice
- Severance package or separation notice

Will any of these expenses become covered by insurance? Please list coverage and deductibles:

Please provide any information to help the committee make a recommendation. Please note that you **are not required** to provide personal information that would prove embarrassing or cause added emotional stress. However, the better the committee understands the events that have occurred, the better they will be able to evaluate your request. This section should serve only to clarify your situation and support your application.