



INDIANA UNIVERSITY

MELVIN AND BREN SIMON COMPREHENSIVE CANCER CENTER

Bright-Well IU Simon Comprehensive Cancer Center Employee Support Fund Application

Contact: Diane Monceski, LCSW IUSCCC Social Worker dmoncesk@iuhealth.org 317-948-2538.

Instructions: Return this application to dmoncesk@iuhealth.org, along with **copies of bills** and any documentation to support your request for funds. **Please note that your name will remain confidential to the Employee Support Fund Review Committee.**

Name: [Click or tap here to enter text.](#)

Employee ID: [Click or tap here to enter text.](#)

Phone: [Click or tap here to enter text.](#)

Email: [Click or tap here to enter text.](#)

Preferred method of contact: Email or Phone

Address: [Click or tap here to enter text.](#)

City, State ZIP: [Click or tap here to enter text.](#)

Are you an IU School of Medicine employee working within the IU
Simon Comprehensive Cancer Center? Yes No

Explain your Affiliation: _____

Type of Request (See final page of document for eligibility)

COVID-19

Natural Disaster

Serious Illness

Transitional Housing

Funeral Expenses

Other unexpected financial emergency

Reason for Assistance

Why are you requesting help from the Employee Support Fund? Please identify the cause of the financial need. Please attach additional sheets as necessary.

[Click or tap here to enter text.](#)



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Household Information

Number of people in your household, including yourself: Choose a number.
(Please list below.)

Relationship to Team Member	Age	Employed?
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

Income

Source:	Gross Monthly Amount:
Spouse/partner's income:	Click or tap here to enter text.
Income from another employer:	Click or tap here to enter text.
Business income:	Click or tap here to enter text.
Rental income:	Click or tap here to enter text.
Food Assistance/SNAP	Click or tap here to enter text.
Other family member's income:	Click or tap here to enter text.
Child support/alimony:	Click or tap here to enter text.
Pension or retirement income:	Click or tap here to enter text.
Disability income:	Click or tap here to enter text.
Investment income:	Click or tap here to enter text.

Assets

Type:	Account balance:
Checking account:	Click or tap here to enter text.
Savings account:	Click or tap here to enter text.
Cash value of life insurance:	Click or tap here to enter text.
Other assets:	Click or tap here to enter text.

Expenses**Please list all of your monthly payments.**

	Monthly payment:	Amount in arrears:
Mortgage	Click or tap here to enter text.	Click or tap here to enter text.
Rent	Click or tap here to enter text.	Click or tap here to enter text.
Homeowners/Rental Insurance	Click or tap here to enter text.	Click or tap here to enter text.
Electricity	Click or tap here to enter text.	Click or tap here to enter text.
Gas	Click or tap here to enter text.	Click or tap here to enter text.
Water	Click or tap here to enter text.	Click or tap here to enter text.
Sewage	Click or tap here to enter text.	Click or tap here to enter text.
Telephone	Click or tap here to enter text.	Click or tap here to enter text.
Cable	Click or tap here to enter text.	Click or tap here to enter text.
Auto Insurance	Click or tap here to enter text.	Click or tap here to enter text.
Auto Payments	Click or tap here to enter text.	Click or tap here to enter text.
School Loans	Click or tap here to enter text.	Click or tap here to enter text.
Transportation	Click or tap here to enter text.	Click or tap here to enter text.
Childcare	Click or tap here to enter text.	Click or tap here to enter text.
Food	Click or tap here to enter text.	Click or tap here to enter text.
Clothing	Click or tap here to enter text.	Click or tap here to enter text.
Other loans (specify)*: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Miscellaneous (specify): Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
*We are unable to pay on credit cards or personal loans.		
Medical/Dental Bills (list to whom owed):		
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Amount Being Requested: \$[Click or tap here to enter text.](#)**Which expenses are a priority?** [Click or tap here to enter text.](#)

Other Sources of Assistance

What other sources of assistance have been contacted, if any, and what resources have been provided?

	Amount of Assistance:
Family	Click or tap here to enter text.
Church	Click or tap here to enter text.
Hardship Loan from Retirement Funds	Click or tap here to enter text.
Friends/Co-Workers/Supervisor	Click or tap here to enter text.
Other Community Resources	Click or tap here to enter text.

Assistance through the Employee Support Fund is not intended as a source of duplicate payment. Therefore, the employee agrees to repay the Employee Support fund any amount(s) received from another source that results in duplication of funds/payment. (Example: Delayed payment from an insurance claim.)

The Employee Support Fund reviews the applications one time per month, therefore payments will be added to payroll 1-2 months following application submission.

Click or tap here to enter text.	Click or tap to enter a date.
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Employee signature (typed is acceptable) Date

I may be willing to share my story with donors who make this fund possible. Please follow up with me.

Yes No

<p><i>For Team Member Support Fund Committee use:</i></p> <p>Application Status:</p> <p><input type="checkbox"/> Accepted Amount Paid: \$ <u>Click or tap here to enter text.</u></p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Appealed</p> <p>Comments: <u>Click or tap here to enter text.</u></p>
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Employee Support Fund Eligibility

The Bright-Well IU Simon Comprehensive Cancer Center Employee Support Fund will support employees financially who are experiencing unexpected financial distress from the following emergencies:

Eligible Event	Description of Event	Support	Required Documentation
COVID-19	Employee's household dynamics are drastically changed due to COVID-19.	Up to \$1,000 for household bills, food insecurity, some transportation, and other pandemic related expenses.	Documentation from employer, receipts/invoices
Natural Disaster	Employee's home is destroyed or rendered unlivable due to natural disaster (fire, flood, hurricane, tornado, etc.) and alternative housing is not available.	Up to \$1,000 for temporary housing and essential items (food, clothing, etc.)	Photographs, insurance claims, receipts for lodging, food, clothing, other necessities.
Self or Family members' illness	Employee or his or her immediate family member suffers from an extended or acute illness and employee misses at least 2 weeks of work (for which the employee is not paid) to assist in the care of the family member.	Up to \$1,000 for household bills and some medical bills	Statement from family members' attending physician indicating the date of the onset of the unexpected illness and the expected duration of the required care.
Transitional Housing	Employee has suffered abuse resulting in the need to the personal residence to avoid continued abuse.	Up to \$1,000 for relocation assistance (temporary housing, deposits on apartment). This award is limited to once per lifetime.	A police report, a court order or a statement from relevant social services agency.
Funeral Expenses	Employee is financially responsible for paying the funeral expenses of an immediate family member or employee's family is financially responsible for paying for the funeral expenses of a deceased employee.	Up to \$1,000 for funeral expenses	Documentation from funeral home stating financial responsibility and remaining funeral costs (after application of life insurance and other payments)
Additional financial emergencies	Subject to anonymous committee review	Up to \$500 for household bills	Documentation of critical need.