

## GRANT PROCESS, CRITERIA & APPLICATION

**The Share to Care Fund provides financial assistance to ASC employees experiencing financial hardship due to a catastrophic and sudden life event.**

1. Employees who experience hardships due to events as described below, should contact their Facility Leader to begin the assistance request process.
2. The Facility Leader should work with the employee to complete the application and ensure that all required documentation needed for review is included. (Refer to the Documentation Requirements.)
3. **The Application for Employee Assistance and all required documentation is submitted to the Share to Care Administrator by the Facility Leader or any Director or above on your behalf to: [SharetoCare@ASCCare.com](mailto:SharetoCare@ASCCare.com).**
4. The request is reviewed by the Share to Care Committee.
5. Notice for approval or denial is sent to the Facility Leader to communicate with employee as soon as possible, usually within 14 days after all information is received.

| Category  | Description of Catastrophic Events   |
|---|--|
| <b>Death Event</b>                                      | <ul style="list-style-type: none"> <li>• Death of employee or immediate<sup>1</sup> family member.</li> </ul>  |
| <b>Medical Issue Event</b>                              | <ul style="list-style-type: none"> <li>• Life threatening, serious, or on-going illness of employee or immediate family member.</li> <li>• Accident, injury, or surgery of employee or immediate family member.</li> </ul>   |
| <b>Natural Disaster Event (Acts of nature and fire)</b> | <ul style="list-style-type: none"> <li>• Total/Partial loss of primary residence.</li> <li>• Damage to essential property or belongings.</li> <li>• Temporarily uninhabitable residence resulting in relocation.</li> </ul>  |
| <b>Homelessness Event</b>                               | <ul style="list-style-type: none"> <li>• Sudden homelessness resulting in need for basic life necessities such as food and shelter.</li> </ul>   |
| <b>Domestic Violence Event</b>                          | <ul style="list-style-type: none"> <li>• Domestic Violence (physical assault, sexual abuse, and other behaviors resulting in relocation, safety measures, and/or property loss). Emergency protective order (EPO), verification that employee sought help from a professional/social services organization (on their letterhead), or documentation of charges filed is required.</li> </ul>  |
| <b>Other Event</b>                                      | <ul style="list-style-type: none"> <li>• Divorce or abandonment by spouse/domestic partner or loss of income due to disability or unemployment of spouse/domestic partner.</li> <li>• Unusual expenses for the care, training of a handicapped spouse or dependent.</li> <li>• Criminal acts or automobile accidents where the employee or immediate family member is the victim.</li> </ul> |

<sup>1</sup> Immediate family member is defined as Spouse or Domestic Partner, Child (biological, adopted, stepchild, foster child, legal ward), Son-in-law or Daughter-in-law, Parent (biological, adoptive parent, stepparent, father-in-law, or mother-in-law).

## Frequently Asked Questions

### Q. What is the Share to Care Fund?

Share to Care Fund is a 501(c)(3) charitable organization funded by donations. The fund is intended to provide financial assistance to employees who experience unexpected and devastating financial setbacks as a result of a non-work-related accident, illness, injury, death, natural disaster or other catastrophic or emergency hardship events.

### Q. Who can contribute?

The Share to Care Fund is a 501(c)(3) charitable organization funded by donations from American Senior Communities employees/companies/affiliates and others.

### Q. How can I contribute?

Employees can contribute through payroll deduction via the digital link here: [Share to Care Payroll Deduction Form](#). Also, via PayPal on [asccare.com/sharetocare/](https://www.asccare.com/sharetocare/) or a one-time donation. Venmo is now an option @SharetoCareFundInc. We also host events and other opportunities throughout the year to raise contributions.

### Q. Who is eligible to apply for assistance?

**Employees must be employed by the Company for a minimum of 6 months of continuous employment at the time of the application.** The qualifying event must have occurred within 6 months of employment prior to the date the application is submitted. Full-time, part time, and PRN employees of the Company, who each are working an average of at least 4 hours per week are eligible to apply. Payments will only be made to active employees or employees on an approved leave because of the event; except for the death of an employee where the check will be disbursed to a representative of the deceased. For the purpose of this program, your most recent hire date will be used.

### Q. Can my supervisor apply on my behalf?

An application cannot be submitted without the employee/applicant signature. **All applications must be submitted by the Facility Leader or any Director or above.** If the employee is incapacitated, then a family member may submit to the Facility Leader on their behalf. In the event of a family member's submission, the committee will ask for evidence to support that the employee is not able to submit on their own behalf.

### Q. How do I apply for the grant?

Employees who experience financial hardships due to a qualified catastrophic event should contact their Facility Leader to begin the assistance request process. This can also be found on our Share to Care Resource page: [Share To Care Grant Application 2024.pdf](#). Be prepared to include all supporting documentation as outlined in the documentation requirements section, as this will expedite the review process. **The signed application and supporting documentation should be returned to the Facility Leader for submission to the Share to Care Committee.**

**Q. What type of assistance does Share to Care Fund offer?**

The Share to Care Fund is intended to provide basic necessities and temporary relief to those who encounter sudden financial hardship due to a catastrophic and sudden life event such as natural disaster, fires, or domestic violence situations that result in homelessness as well as major illness or non-work-related accidents. As each situation is unique and needs are different, we always recommend you review the grant application and review more information on the kinds of events that qualify and those that do not found here: [asccare.com/sharetocare/](http://asccare.com/sharetocare/).

**Q. Are all applications approved?**

No. All eligible applications are reviewed by the committee and approval/denial is based on whether the hardship meets the guidelines for assistance.

**Q. The application is too long, do I have to fill it out completely?**

Yes, the application asks questions that are specific to the review process. Not completing the application completely (**all yellow highlighted fields**) will delay the review process. Your Facility Leader will go over the form with you prior to submission should you need assistance.

**Q. How much assistance is provided?**

The selection committee will determine the type and amount of the award based on individual needs and funds, goods and/or services available and other criteria set by the committee.

**Q. If I am denied, can I appeal the decision?**

No, committee decisions are final, so it is important to provide as much information as soon as possible for the committee to make an informed decision. *All communications regarding your application should go through your Facility Leader. Please do not reach out to the Share to Care Committee directly.*

**Q. Will the payment be made directly to me?**

If approved, the committee determines what the appropriate method of payment should be and may direct funds be paid to vendors whom the employee owes a debt to.

**Q. Does each facility have its own fund or is it one fund for the entire company?**

All donations will be included in one Share to Care Fund, which is available to all stakeholders and community members of American Senior Communities affiliated entities (including Home Office). One fund will work to everyone's advantage by making the larger pool of funds available to all applicants in their time of need.

**Q. Which family members does Share to Care consider as "immediate family"?**

Immediate family member is defined as Spouse or Domestic Partner, Child (biological, adopted, stepchild, foster child, legal ward), Son-in-law or Daughter-in-law, Parent (biological, adoptive parent, stepparent, father-in-law, or mother-in-law).

**Q. What is the turn-around time to process the Share to Care Fund assistance?**

Grant applications will be reviewed and notice for approval or denial is sent to the Facility Leader to communicate with the employee as soon as possible, usually within fourteen (14) business days after all information is received. The review process will not officially begin until all required documentation has been submitted with the completed application. Please be sure to provide as much information as you can including receipts for expenses, bills that you may not be able to pay and other details to speed up the review process.

**Q. How often can an employee qualify for assistance?**

Only one request for assistance per family, per year, (rolling twelve (12) month calendar) will be granted in 365-day period. Employees cannot apply for the same financial hardship more than once.

**Q. If I previously signed up for payroll deduction, how do I stop giving if I need to?**

Complete the digital link here: [Share to Care Payroll Deduction Form](#) or talk to your Payroll/Benefit Contact at your facility to complete the digital link to cancel your payroll elections.

**Q. How will I know how much I contributed, and will I receive a tax receipt?**

Employees who sign up for automatic payroll deductions will see their deductions on each pay stub and annual W-2. One-time donations and community member donations will be provided with an acknowledgement letter near the time of their donation.

**\*\* This application must be filled out in entirety before submission (all highlighted fields). Your Executive Director or Facility Leader must submit this application on your behalf. Supporting documentation is required to accompany the application for an assistance grant. Please see Documentation Requirements for examples. \*\***

Employee Name: \_\_\_\_\_  
Last First Middle

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employment Status:  Active  Inactive      Status:  FT  PT  PRN

**Event Details:** (please use a separate sheet of paper if additional space is needed)

Date of Event: \_\_\_\_\_

Event Type – Explain in detail:

Explain financial hardship caused by the event and any out-of-pocket costs:

Please list the amount of assistance requested and attach required supporting statements or invoices.

|                               |    |       |
|-------------------------------|----|-------|
| Housing (rent/mortgage/hotel) | \$ | _____ |
| Utilities                     | \$ | _____ |
| Medical Bills                 | \$ | _____ |
| Funeral Expenses              | \$ | _____ |
| Other                         | \$ | _____ |

*I certify that the information provided, and any accompanying materials/documentation is complete and accurate to the best of my knowledge. I recognize that I am not required to submit Protected Health Information (PHI) or Protected Personal Information (PPI) to support my application and have been directed not to provide. If I elect to submit PHI or PPI, I understand that the Share to Care fund cannot guarantee the privacy of that information and I waive any rights to privacy. If the information changes, I will notify the Share to Care Fund Committee immediately. I understand that this application may be denied or withdrawn if it is incomplete and/or if any information reported is found to be intentionally misleading, inaccurate, or fraudulent. I agree that the Share to Care Fund Committee has the right to validate any information provided and will reclaim any money that has been paid because of fraudulent or misleading claims. I acknowledge that the decision of the Share to Care Fund Committee is final.*

|  |                     |             |
|--|---------------------|-------------|
|  |                     |             |
| <b>*Employee/Parent/Guardian Signature</b> | <b>Printed Name</b> | <b>Date</b> |

|  |                     |             |
|--|---------------------|-------------|
|  |                     |             |
| <b>*Executive Director/Facility Leader Signature</b> | <b>Printed Name</b> | <b>Date</b> |

**\*Original Signatures of Employee AND ED/Leader are required before submitting application\***

## Documentation Requirements

Below are examples of acceptable documentation that must accompany all Applications for Assistance:

### Domestic Violence

- Emergency Protective Order
- Police Report (where applicable)
- Shelter or social services agency documentation (if applicable)
- Medical statements related to incident (if applicable)

### Death

- Funeral home final invoice and employee responsibility  
*and*
- Documentation providing proof of relationship, i.e. obituary, documentation from funeral home in lieu of obituary.

### Medical

- If request is for employee, must provide current medical bill showing balance due (indicating no insurance/patient responsibility)  
*or*
- If request is for eligible dependent of employee, must provide a summary page of charges (related to this event only) or current medical bill showing balance due (indicating no insurance/patient responsibility). Must provide evidence of dependent relationship to employee or spouse/domestic partner (documentation establishing relationship of patient/responsible party to ASC employee [i.e., insurance card, birth certificate, marriage certificate, tax documentation])

**PLEASE NOTE WHEN SUBMITTING EVIDENCE OF FINANCIAL HARDSHIP AS A RESULT OF A MEDICAL SITUATION, PLEASE DO NOT PROVIDE ANY PRIVATE HEALTH INFORMATION THAT SPEAKS SPECIFICALLY TO A DIAGNOSIS OR IDENTIFIES ANY PRIVATE, CONFIDENTIAL HEALTH INFORMATION.**

### Natural Disaster

- Repair estimates
- Temporary housing/living expense receipts
- Insurance claim documentation
- If Natural Disaster impacts on the employee's home or property, proof of event is needed



### **Severe unexpected Financial Hardship**

- General Financial Hardship
  - Legal Eviction Notice/Late Notice/Foreclosure Notice on Rental Company Letterhead or court documentation  
*or*
  - Mortgages/Foreclosure Notices  
*or*
  - Rent/mortgage history from Landlord/Mortgage Company  
*or*
  - Insurance Documentation  
*or*
  - Utility Disconnect Notices and Utility Payment History  
*or*
  - Detailed Police Report  
*and*
  - Other supporting documentation related to a request for financial assistance.
  
- Travel Costs Associated with an Event for Immediate Family
  - Medical Event (event is for travel costs only)
    - Travel reimbursement requires receipts for hotels and transportation costs  
*and*
    - Documentation providing proof of relationship and event  
*and*
    - Proof of lost wages (pay stubs) (if applicable)
  
  - Death Event (event is for travel costs only)
    - Travel reimbursement requires receipts for hotels and transportation costs  
*and*
    - Documentation providing proof of relationship and event  
*and*
    - Proof of lost wages (pay stubs) (if applicable)
  
- Other-Miscellaneous
  - Required Documentation related to request for financial assistance  
*and*
  - Proof of lost wages (pay stubs) (if applicable)