



CareVet Sunshine Fund Application

Please complete and email or mail to the address at the end of the application

The Program: The CareVet Sunshine Fund assists Team Members who are experiencing financial hardship due to a nationally declared disaster or other extreme situation by making grants to help cover basic living needs. Other Team Members and company donations make these grants possible.

Eligibility: You or your surviving eligible family member are eligible to apply on or after the first day of the month following 90 days from your seniority date (date you started with your hospital, NOT CareVet), if you meet all the following conditions:

- You are a full time or part time Team Member (this does not include 1099 contractors or temporary and/or seasonal Team Members)
- You have experienced financial hardship due to a qualifying event that happened within the past 90 days. Qualifying events that happen outside of the 90-day period with extenuating circumstances may also be considered. A qualifying event is:
 - A declared natural disaster (flood, earthquake, wildfire, tornado, etc.) that has affected your primary residence.
 - A serious illness or injury (Team Member or eligible family member) that affects your ability to pay for basic living expenses.
 - A death (Team Member or eligible family members, as defined by the company's bereavement policy) when loss of income, funeral expenses, or medical expenses not covered by insurance affect your ability to cover basic living expenses.
 - Catastrophic or extreme circumstances (fire, robbery, assault, domestic abuse) that affect your ability to cover basic living expenses.

Grants: Grant support is limited to up to \$1,000 annually per Team Member, up to the program's lifetime grant maximum.

Each application must be for a separate and unique qualifying event.

Grant checks from the St. Louis Community Foundation will be sent directly to a vendor to cover eligible expenses from a current bill or invoice. No distributions will be made directly to Team Members.

Application: To be considered for grant support, complete all four pages of the application and provide requested supporting documentation. Print your name at top of each page. Answering questions completely will help us process your request quickly. Please attach current bills, invoices, and supporting documentation.

You will be notified of the status of your application at the email or address you provide below, generally within 10 business days of receipt.

SECTION 1: INFORMATION ABOUT YOU

Team Member Name (print clearly):		
Permanent Home Address:		
City:	State:	Zip:
Daytime phone:	Other phone:	Email you check regularly, work or home:
Hospital Name:	City, State	Have you applied to this program before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Seniority Date: <small>Date you started with your hospital, NOT CareVet</small>	Job Title:	

Team Members, printed clearly: _____

SECTION 2: DESCRIBE YOUR SITUATION

Which qualifying incident caused your current financial hardship?

Natural Disaster **Serious Illness or Injury** **Death in Family** **Catastrophic or Extreme Circumstances**

Detail of incident: _____ Date of incident: _____
(tornado, flood, type of illness or surgery, deceased's name & relationship, name of circumstance, etc.) (must be within 90 days of application)

Was the incident covered by insurance? Yes No

If yes, is your application today being submitted after insurance coverage has been applied? Yes No

If no, why not?

Describe what happened that caused your financial hardship:

Please tell us anything else you feel would help us understand the hardship you and your family are experiencing as a result of this incident:

Have social service agency resources been requested or used? If you have already received services, please tell us which organization(s), how they were able to help, and include details of monetary or other support:

Team Members, printed clearly: _____

SECTION 3: SPECIFIC REQUEST

Grants are paid to vendors in response to an unpaid bill or invoice for eligible, basic expenses. Examples of eligible expenses:

- rent, mortgage or other housing payments
- security deposits for new housing
- utility bills (electricity, heating, water, etc.)
- medical expenses not covered by insurance
- home repairs necessary to restore safety
- funeral expenses for immediate family, as defined by company bereavement policy
- car repair or payments
- internet, phone payments
- furniture, appliances, electronics (only after fire, flood or natural disaster)
- cleaning services (only after fire, flood, or natural disaster)

The Program **cannot** make grants for the following:

- reimbursements to Team Member or other individual
- legal fees
- credit card debt
- collection agency requests
- student loans or expenses
- home repair due to negligence, neglect or normal use

Grant Payment: If an application is approved, payment(s) to the vendor(s) will be made by check and will include the Team Member's account number, if applicable, and a copy of the bill or invoice provided with the application. In general, the minimum vendor payment is \$250; the annual maximum is \$1,000.

Grant Documentation: Please list the bills you need assistance with, *listing the most important ones first*. If you are requesting payments to more than three vendors, attach a page with identical information provided. Please include the following:

- Confirmation of your qualifying event.
 - Published obituary or death certificate for death
 - Note from doctor, leave of absence paperwork, for medical bill for injury or illness
 - Fire, police, or other official reports for catastrophic events
- Bill, invoice, lease, mortgage coupon, statement of amount due.

Vendor Name	
Vendor Mailing Address	
City, State, Zip	Invoice/Bill due date:
Your account number	Payment amount:

Vendor Name	
Vendor Mailing Address	
City, State, Zip	Invoice/Bill due date:
Your account number	Payment amount:

Vendor Name	
Vendor Mailing Address	
City, State, Zip	Invoice/Bill due date:
Your account number	Payment amount:

Team Members, printed clearly: _____

SECTION 4: THE FINE PRINT

This charitable program was established in 2022 by CareVet Holdings, LLC to receive gifts from Team Members, the company, and others who believe in the power of community members helping each other. The program is a charitable entity because of the company's partnership with the St. Louis Community Foundation, a 501(c)3 public charity whose mission is to help organizations, families and businesses put their charitable dollars to work in the community. The program is controlled and administered by the Community Foundation for the support of eligible Team Members who apply for support. Though CareVet Holdings, LLC and its leaders initiated the fund and advise the Community Foundation, all decisions are determined by the Community Foundation.

An application does not guarantee grant support. If awarded, the grant support you receive is not considered a Team Member benefit. Applications are assessed without regard to your work evaluation or position within the company and will not impact your employment in any way.

This application will be confidential between you and the Community Foundation.

Your signature below signifies that you understand the paragraphs above, that only one application for support can be filed in a calendar year, that the minimum vendor payment is \$250, that the annual maximum that you can request is \$1,000, and that support may be below this amount.

Your signature below also certifies that the information you provided is true and complete, releases the St. Louis Community Foundation and CareVet Holdings, Inc from any liability associated with the denial of or funding of this application, and authorizes the Community Foundation to verify information provided in connection with processing this application.

Signature: _____ Date: _____

Before you submit, complete the Application Checklist for your own peace of mind:

- I read the requirements and I feel that I qualify
- I emailed CareVetSunshine@stlgives.org or called 314-880-4966 with any questions I had
- I completed Sections 1, 2 and 3 with all the details requested
- I am enclosing current required documentation for each vendor listed in Section 3. If applicable, I also included documentation of the incident, such as an obituary, police, or fire report
- I read Section 4 thoroughly, and signed and dated my application
- I am keeping a copy of my application for my files
- I am emailing or mailing my entire application and supporting documentation to CareVetSunshine@stlgives.org

The **CareVet Sunshine Fund**, a component fund of the St. Louis Community Foundation, a 501(c)3 public charity, does not discriminate on the basis of race, religion, creed, national origin, gender, age, color, sexual orientation, veteran status, physical or mental disability. The St. Louis Community Foundation is solely responsible for all decisions regarding charitable distributions from the fund.

Send your completed, signed application with supporting documentation to CareVetSunshine@stlgives.org
CareVet Sunshine Fund
#2 Oak Knoll Park
St. Louis, MO 63105