

Hurricane Laura Associate Assistance Relief Fund

Employee Assistance Policy

This program was established out of the generosity of an anonymous donor's significant gift to the CHRISTUS Ochsner Southwestern Louisiana Foundation for the purpose of providing limited financial assistance to CHRISTUS Ochsner Southwestern Louisiana Health System Associates and Contract Partners who are experiencing personal short-term crisis situations related to damage sustained from Hurricane Laura in August 2020. The fund is set up to be used to assist with essential expenses such as housing, food, utilities, medical expenses and other expenses related to post-Hurricane Laura recovery.

Eligibility Requirements

Any CHRISTUS Ochsner Health Southwestern Louisiana Associate, CHRISTUS Health Contract Associate Partner or non-physician Ochsner Associate working in the CHRISTUS Ochsner Health Southwestern Louisiana ministry meeting the qualifications listed below is eligible to apply for assistance. Family members of Associates are not eligible for assistance requests. The amount an Associate may receive from this Fund is based on need, on the eligibility requirements outlined, and on a tiered structure determined and reviewed by the Hurricane Laura Associate Assistance Relief Fund Committee.

To be eligible for consideration for assistance, the Associate must:

1. Be currently employed and actively working as a Full-Time, Part-Time or PRN Associate with CHRISTUS Ochsner Southwestern Louisiana Health System, a CHRISTUS Health Contract Associate Partner or non-physician Ochsner Associate working in the CHRISTUS Ochsner Health Southwestern Louisiana ministry. Executives are ineligible for this program.
2. Have recently been, through no fault of their own, subject to the damage associated with Hurricane Laura and as a result is currently causing significant documentable hardship, financial or otherwise, to the Associate.
3. Submit completed application with supporting documentation (i.e., quotes, invoices, adjustor reports, pictures, etc.) by Friday, October 30, 2020.

To apply for assistance, please thoroughly complete the following:

Associate Name: _____
Current Address: _____
Best Contact Number(s): _____
Permission to text you if we have follow-up questions? Yes No If Yes, cell number: _____
E-Mail Address: _____
Company: CHRISTUS Health (SWLA, System Office, etc.) HHS Aramark CBRE
 Ochsner – CHRISTUS (Clinics) Other: _____
Facility: CHRISTUS Ochsner Lake Area Hospital CHRISTUS Ochsner St. Patrick Hospital
Department: _____
Title: _____

Please answer the following questions, providing as much detail as possible.

1. What type of damage or loss has occurred? **Slight Damage**
Well-constructed framed homes sustained damage to roof, shingles, vinyl siding and gutters. Large tree branches snapped. Slight damage to automobile(s).
- Moderate Damage**
Well-constructed framed homes sustained major roof and siding damage. Many shallowly rooted trees snapped or uprooted. Moderate damage to automobile(s).
- Significant Damage**
Well-built framed homes sustained severe damage with loss of most of the roof structure and/or some exterior walls. Trees snapped or uprooted. Significant damage to automobile(s).
- Total Loss**
Framed homes destroyed, with total roof failure and wall collapse. Trees snapped or uprooted. Total loss of automobile(s).

Please provide detailed explanation of damage below:

2. What is the address where damage or loss occurred, including Parish/County?

3. Do you have insurance to cover losses (i.e., flood, homeowners, renters, automobile)?

Yes No If Yes, what is your deductible? \$

4. Have you received a determination from your insurance provider regarding your property? Yes No
If Yes, what was the determination?

5. If awarded financial assistance through this fund, how will those funds be utilized?

6. What other resources have you received or explored for assistance? Please indicate source and amounts received.
Please note, receiving assistance from other sources will not necessarily disqualify you from receiving assistance.

7. Other than financial assistance, what do you need most at this time?

By signing below and submitting this application, I certify that this information is true and complete. I grant CHRISTUS Health permission to verify any information provided. I guarantee that any funds received from this program will be utilized solely to offset extraordinary financial stress resulting from Hurricane Laura.

Associate Name

Date

Applications can be submitted to Administration at COSPH or COLAH or emailed to SWLA.HR@christushealth.org.

The Hurricane Laura Assistance Relief Fund Committee will review your application and you will be notified of the committee's decision by e-mail or letter.