



DIRECT CARE WORKER NEEDS FUND APPLICATION

Employee Unexpected Hardship

As a contracted Vendor with The Senior Alliance, Area Agency on Aging 1-C, _____ seeks assistance for our employee to help resolve an unexpected hardship that is a barrier for the employee to fulfill their responsibility to provide **care to The Senior Alliance, AAA 1-C clients.**

- Tire or Tire Repair New Car Battery Minor Car Repair
 Unexpected Child Care Cost (licensed facility) \$50 Gasoline Card
 Other _____

We have determined the need is of the employee's alone and we will not be accepting funds on behalf of anyone else other than the employee.

We understand that employee unexpected hardship assistance will be provided by The Senior Alliance, Area Agency on Aging 1-C to the employee only once during a twelve-month period. Repeat applicants will be approved at TSA's discretion.

Employee Name: _____

Amount Requested: _____ (Maximum amount is not to exceed \$500.00)

Is the employee assisting a TSA Client? Yes ___ No ___

Summary of the Situation (Why are you needing this assistance?):

Employer/Vendor Agency Name

Employer Authorized Signature

Date

TSA RESPONSE

- Approved Denied

The Senior Alliance, AAA1-C Representative

Date

- Vendors submit completed application via email to **DCWNEEDSFUND@thesenioralliance.org.**
- TSA will return application designated with Approval or Denial.
- If approved, Vendor will purchase item/service and verify employee received item/service.
- To receive payment, Vendor will submit this **Application, receipt** for item purchased and **invoice for payment** via email to **DCWNEEDSFUND@thesenioralliance.org.**

All requests are subject to funding availability