

DIRECT CARE WORKER NEEDS FUND APPLICATION

Employee Unexpected Hardship

As a contracted Vendor with	The Senior Alliance, Area	Agency on Aging 1-C,	seeks
		cted hardship that is a barrier for the employe	ee to
fulfill their responsibility to p	rovide care to The Senior	Alliance, AAA 1-C clients.	
Tire or Tire Repair	New Car Battery	Minor Car Repair	
□ Unexpected Child Care Co	ost (licensed facility)	🛾 \$50 Gasoline Card	
□ Other			
We have determined the new other than the employee. Ge		one and we will not be accepting funds on beh - in caregivers.	alf of anyone else
		ssistance will be provided by The Senior Allian nonth period. Repeat applicants will be appro	
Employee Name:			
Amount Requested:	(Maxim	um amount is not to exceed \$500.00)	
Is the employee assisting a T	SA Client? Yes No	TSA Client's Name:	
Is the employee a live-in care	egiver? Yes No		
Summary of the Situation (W	'hy are you needing this as	ssistance? Please attach quote to application.	:
Employer/Vendor Agency N	ame		
Employer Authorized Signature		Date	
TSA RESPONSE			
Amount Approved		Denied	
2. TSA will return applie	pleted application and que cation designated with Ap	Date ote via email to DCWNEEDSFUND@thesenior proval or Denial. and verify employee received item/service.	alliance.org.
••	•	t for item purchased and invoice for payment	t via email to

4. To receive payment, vendor will submit receipt for item purchased and invoice for payment via email to DCWNEEDSFUND@thesenioralliance.org.
All requests are subject to funding quailability.

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