



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. **Generally, this excludes live-in caregivers.**

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 ___ TSA Client's Name: _____

Is the employee a live-in caregiver? Yes ___ No ___

Summary of the Situation (Why are you needing this assistance? Please attach quote to application.):

Employer/Vendor Agency Name

Employer Authorized Signature

Date

TSA RESPONSE

- Amount Approved _____ Denied

The Senior Alliance, AAA1-C Representative

Date

- Vendors submit completed application and quote 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 **receipt** for item purchased and **invoice for payment** via email to **DCWNEEDSFUND@thesenioralliance.org.**

All requests are subject to funding availability.