

## DIRECT CARE WORKER NEEDS FUND APPLICATION

### Employee Hardship

As a contracted Vendor with The Senior Alliance, Area Agency on Aging 1-C, \_\_\_\_\_ seeks assistance for our employee to help resolve a 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      ☐ Bus Passes/Public transit  
☐ Child Care Cost (licensed facility)      ☐ Gasoline Card      ☐ Other \_\_\_\_\_ ☐ Parts for Car Repair

**Please Note: Applications are for services not yet rendered. Vendors submit a completed application and estimate. If approved by TSA, the vendor agrees to purchase the item or service directly from the provider (i.e. car repair shop). A receipt will be needed when repair is completed or item purchased.**

We understand that employee 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: \_\_\_\_\_ Employee Zip Code: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ (Maximum amount is not to exceed \$500.00. Exceptions may apply.)

Is the employee assisting a TSA Client? Yes\_\_\_\_ No\_\_\_\_ TSA Client's Name: \_\_\_\_\_

Is the employee a live-in caregiver? (May require additional information.) 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**

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

*All requests are subject to funding availability.*