

## One Company Fund Application Submission Check Off List

Thank you for reaching out to One Company Fund in your time of need. In order to apply for a grant, you must complete the application and provide all supporting documentation. Before sending in your application, please use the check list below to be sure that you have included all of the following required information:

- Your full legal name, home address and at least one phone number
- Dollar Amount for Request
- All documents supporting the dollar amount requested (bills, receipts, price quotes, etc.)
- A detailed explanation of the reason for your request, including the circumstances leading up to your request and how these events were unpredictable, uncontrollable or both
- All documents supporting the reason for your request (doctor's note, death certificate, proof of travel, etc.)
- A list of other efforts you have made to try to lessen your financial hardship (applied for fuel assistance, applied for food stamps, started a second job, called Employee Assistance Program or Health Advocate, etc.)
- A list of all the sources of your household income (including your own income, your spouse's income, any other adult (over 18 years old) income in the house, child support income, any type of disability income, Social Security income, tips or commission, any state or other assistance, etc.)
- A list of how many children and adults (over 18 years old) live with you and their relationship to you
- A clear list of all your household monthly expenses on the Expense Addendum
- A check mark in every box above

Once you have all the necessary information, including the supporting documentation, and have checked off **ALL** the items listed above, please fax your completed application with all supporting documentation to the One Company Fund Manager at 781-489-7255.

**Please Note: At the discretion of the One Company Fund Manager, if an application is incomplete and cannot be easily resolved, the incomplete application will be returned to your Executive Director. He/she will contact you and you will have 30 days to collect and submit the missing/unclear information before the application will be closed. Per the Fund's requirements, associates must wait 6 months before submitting a second application.**

*...Passionate Associates "Doing the Right Thing" for Each Other*



**BENCHMARK ONE COMPANY FUND, INC.**

**REQUEST FOR EMERGENCY ASSISTANCE**

NAME OF APPLICANT (Print) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL (*if applicable*) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

COMMUNITY NAME/HOME OFFICE \_\_\_\_\_ POSITION \_\_\_\_\_

I request a grant from Benchmark One Company Fund and confirm that the information contained in the attached request for Emergency Assistance is true, correct and complete. By signing this application, I am authorizing Benchmark Assisted Living to release information concerning my employment, wages, good standing and job history, which will be used to determine eligibility.

The Fund gratefully acknowledges that the involvement of applicants and their families in Fund marketing activities assists in raising the Fund's profile in the community to fundraise and grant further applications.

Yes, I authorize the sharing of my story, name, photo and assistance received.

Yes, I authorize the anonymous sharing of my story and assistance received (your name will be removed).

No, I do not authorize the sharing of my story, name, photo and assistance received.

By checking yes, you agree that the Fund may use the information you release at any time and may further approach you about participating in publicity for the Fund or for third parties including but not limited to newspapers, magazines, online media, radio and television. Please note: you may change your publicity status at any time by writing to the Fund. The new status will apply from that point forward, but not to existing material already produced.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY ONE COMPANY FUND**

APPLICANT NUMBER \_\_\_\_\_

PREVIOUS REQUESTS Yes \_\_\_\_\_ No \_\_\_\_\_

Signature confirming receipt of application

Date

\_\_\_\_\_  
One Company Fund Manager

\_\_\_\_\_

- **Keep a complete application for the Fund's files.**
- **Submit Employment Verification Form to Benchmark Assisted Living for completion.**
- **Provide a copy of this Application WITHOUT page 1 to the Selection Committee.**
- **Record Selection Committee decision upon receipt.**

Signature recording Selection Committee Decision

Date

Approve

Disapprove

\_\_\_\_\_  
One Company Fund Manager

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



APPLICANT NUMBER (To be completed by One Company Fund Manager): \_\_\_\_\_

3. Describe other efforts you have made to meet your need **AND** include documentation of eligibility or ineligibility of any programs for which you have submitted an application or notice (*applied for state assistance, working a second job, applied for a bank loan, cancelled cable, etc.*)

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4. Have you called the Employee Assistance Program (EAP) (1-800-854-1446), a free benefit offered to **all** Benchmark Assisted Living associates?     Yes

Was their help/guidance helpful in your situation?     Yes

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5. If your request is medical-related (working with insurance companies, managing co-pays/payments, resolving insurance claims, etc.) have you called Health Advocate (1-866-695-8622), a benefit offered to associates that participate in medical benefits through Benchmark Assisted Living?     Yes

Was their help/guidance helpful in your situation?     Yes

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**List ALL Sources and Monthly Amounts of your Household Income:**

	You	All Other Adult Members of Household
Benchmark hours per week	<u>Hours</u>	<u>Hours</u>
Benchmark hourly earnings	<u>\$</u>	<u>\$</u>
Benchmark <b>monthly</b> Take Home pay	<u>\$</u>	<u>\$</u>
Hours worked per week from employers <u>other</u> than Benchmark	<u>Hours</u>	<u>Hours</u>
Hourly Earnings at employers <u>other</u> than Benchmark	<u>\$</u>	<u>\$</u>
<b>Monthly</b> take home pay for employers <u>other</u> than Benchmark	<u>\$</u>	<u>\$</u>
<b>Additional <b>monthly</b> Income:</b>		
Child Support Received	<u>\$</u>	<u>\$</u>
Short-term or Long-term Disability Income	<u>\$</u>	<u>\$</u>
Social Security Income	<u>\$</u>	<u>\$</u>
Public Assistance (welfare, AFDC payments, food stamps)	<u>\$</u>	<u>\$</u>
Tips or Commissions	<u>\$</u>	<u>\$</u>
Other (describe: _____)	<u>\$</u>	<u>\$</u>
Other (describe: _____)	<u>\$</u>	<u>\$</u>

**Additional Information:**

Household Savings Balance \$

Do you receive any additional assistance (fuel, energy, etc.)?      YES or NO (circle one)

If yes, enclose documentation around the program(s).

Number of family members living with you and their relationship to you (not including yourself):

\_\_\_\_\_ children    \_\_\_\_\_ adults over 18    Relationship(s): \_\_\_\_\_

**PLEASE NOTE: Checks will generally be made payable to the company or business to whom the money is owed. Checks cannot be made payable to the employee, without specific approval of the Selection Committee.**

**SEND or Fax APPLICATION TO:**

Attn: One Company Fund Manager  
 c/o Benchmark Assisted Living, 40 William Street, Suite 350, Wellesley, MA 02481  
 Fax: 781-489-7255

**ADDENDUM TO THE COMPANY FUND REQUEST FOR ASSISTANCE**

**List ALL Sources and Monthly Amounts of your Household Expenses:**

Rent/Mortgage		\$ _____
Utilities:		
Electric		\$ _____
Gas		\$ _____
Phone		\$ _____
Cell Phone		\$ _____
Cable		\$ _____
Water (on average)		\$ _____
Sewage Treatment		\$ _____
Car Payment		\$ _____
Car Gas		\$ _____
Car Insurance		\$ _____
Child Care		\$ _____
Food		\$ _____
School Tuition		\$ _____
Life Insurance – other than payroll deduction		\$ _____
Medical/Dental – other than payroll deduction		\$ _____

Other Expenses not Listed:	Total Balance Due	Monthly Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Credit Cards:	Total Balance Due	Monthly Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Debts Past Due (Debtors/Collections):	Total Balance Due	Monthly Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Total Monthly Take Home Pay	\$ _____
Total Monthly Expenses	\$ _____
Difference of Take Home Pay & Expenses	\$ _____