AMERICAN WATER
WE KEEP LIFE FLOWING™

AMERICAN WATER CHARITABLE FOUNDATION

American Water Employee Crisis Fund Application

American Water employees work hard every day to provide safe, clean, reliable water and wastewater services to customers. Occasionally, one of our own employees is impacted by an unforeseen situation, such as a natural disaster or family emergency. During these challenging times, colleagues in our work family want to help.

To assist in providing an effective and sustainable way to support employees during times of need, the American Water Charitable Foundation (AWCF) is pleased to offer the American Water Employee Crisis Fund.

The program is funded by AWCF and employee donations and administered by the Community Foundation of New Jersey (CFNJ). The program was outsourced to a community foundation to objectively handle our employees' request for financial support with compassion, confidentiality and urgency. Although CFNJ is headquartered in New Jersey, they will administer the fund for all American Water employees.

As a separate public charitable fund, CFNJ, in its sole discretion, will review applications and determine incident eligibility and award amount. Their staff is available to assist American Water employees in this process. Employees can call CFNJ at (973) 267-5533 ext. 227 with any questions regarding the application process.

Eligibility

Those eligible for consideration of a grant are:

- Active employees of American Water other than an Executive Officer (or on an approved leave of absence for no more than one year), and have a minimum of 90 days of consecutive service.
- In the case of death of an employee, the spouse or eligible dependents living in the same household may apply.
  - Dependents include spouse, minor children, and other immediate family members for whom the American Water employee is financially responsible. Other relatives are not covered unless you claim them as dependents on your federal tax return.
- Eligible applicants may receive a maximum of one grant in a 365-day period.

Grants

The maximum grant amount is $2,000. The maximum award is not guaranteed, and in some cases, a lesser amount will be awarded. When a distribution from the Fund is approved, checks are not written to the employee; they are written to entities such as the electric company to pay overdue bills or for expenses that result from the crisis/tragedy. In certain limited circumstances, an exception to this requirement may be made at the discretion of CFNJ.

Criteria

To qualify for consideration under this program and receive assistance you must meet certain requirements:

1. You must meet the American Water Employee Crisis Fund employment requirements outlined above.
2. You must be experiencing financial hardship due to the unexpected nature of the qualifying incident.
3. The qualifying incident must have happened within the past 90 days.

4. Your situation **MUST** fall into one of the following four categories:
   - **Natural Disaster:** Disasters such as tornados, wildfires, floods, severe storms or earthquakes that have damaged or destroyed the employee's primary residence. The Fund cannot pay to repair other property and cannot pay to replace non-essential items, e.g. electronics, etc. Photographs and/or insurance reports may be required.
   - **Catastrophic Illness or Injury:** The Fund is not a substitute for medical insurance; employees do not automatically qualify for a grant when they, or their dependents, are diagnosed with or suffer a life-threatening or serious illness or injury. There must be resulting financial need including an inability to pay for basic living expenses. Doctor confirmation and/or medical documentation will be required.
   - **Death Incident:** This includes the death of the employee, spouse, or eligible dependent(s). The loss of income or the cost of funeral expenses or medical bills must prevent an employee or the employee's family from affording basic living expenses. The Fund may also be able to pay expenses to bring a child whose parents have died to live with a new family, typically a relative.
   - **Catastrophic or Extreme Circumstances:** This includes but is not limited to: fire, major home damage that could not be prevented, serious crime against the employee (robbery, arson, assault, domestic abuse or another reportable crime) that significantly impacts the family's resources. Police, fire, or other official incident report may be required.

Assistance grants that do not qualify include, but are not limited to, reduced work hours or pay; legal fees; expenses associated with divorce settlements or child custody cases; items covered by insurance, insurance co-pays, premiums or deductibles; routine on-going or long term medical expenses; elective medical procedures; credit card bills; accumulated financial distress; student loans; property or income taxes; home foreclosure; car repair or replacement; accidental damage due to negligence; child care; pet care; damage to non-primary residence.

Application for Financial Assistance

Personal Information

Applicant Name: ______________________________

Preferred Email: ______________________________

Permanent (Primary) Address Street: ______________________________

City, State, ZIP: ______________________________

County: ______________________________

Home Phone: ______________________________

Mobile Phone: ______________________________

Department ______________________________

Work Location: ______________________________

Job Title: ______________________________

Employee ID Number: ______________________________

Marital Status:

_____ Single _______ Married______Divorced/Separated _______ Domestic Partner

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If because of the catastrophe, you cannot receive mail at your home, provide current address and/or alternate mailing address from above where correspondence can be sent.

Street: ____

City, State, ZIP: ____

Family Members who reside in your household (as defined under eligibility on page 1)

Name	Age	Relationship

Please indicate if you rent or own? _____ Rent _______ Own

What is your annual family income including all wage earners? $______________________________

Referral Source:

_____ Company Intranet
_____ Co-Worker
_____ Human Resources
_____ Employee Communication
_____ Manager
_____ Other Referral Source

Which qualifying situation caused the financial hardship? Check the category below that best fits your situation.
_____ Natural Disaster
_____ Catastrophic Illness or Injury
_____ Death Incident
_____ Catastrophic or Extreme Circumstances

Important to Note: If application is for catastrophic illness or injury, doctor confirmation and/or medical documentation will be required. Attachment A must be completed.

Name and Date of Incident: ____

Please note: Incident must have been within the past 90 days to qualify. Example, tornado, fire, flood, type of injury, name of illness.

Amount Requested: $___________________

Have you applied before to the American Water Employee Crisis Fund for assistance? ___ Yes ___ No
If yes, date applied (mm/dd/yyyy) ____

If your primary home was damaged, will insurance cover part of the cost? ___ Yes ____ No

What is your insurance deductible amount? $______________________

Name of Employee: ____

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Describe what happened to cause your financial hardship and your basic needs.

____
____
____
____

Please tell us anything else that would help in understanding the circumstances of the hardship you and your family are experiencing.

____
____
____
____

Current Financial Information:
Net Monthly income: Please indicate all sources of income.

Applicant $____________________
Spouse $____________________
Other Income $____________________
Total Net Monthly Income $____________________

Monthly Expenses: Please indicate your average monthly expenses for the following items:

Rent/Mortgage $____________________
Food $____________________
Utilities $____________________
Property Taxes $____________________
Auto/Gas $____________________
Insurance (Home) $____________________
Insurance (Auto) $____________________
Insurance (Life) $____________________
Child Care $____________________
Other ____________________ $____________________
Other ____________________ $____________________
Other ____________________ $____________________

From what other sources have you requested financial assistance in the last year? Please include all organizations for which you have applied or received assistance and indicate the amount provided below.

Organization/Agency	Outcome (approved, declined, pending)	Amount Provided
Homeowners/Renters Insurance		
Auto Insurance		
Medical Insurance		
Social Service Organizations or Charities (Red Cross, United Way, etc.)		

Name of Employee: ____

Your Religious Community		
FEMA		
Family Members		
Loan Program		
Other		

If the application is approved, the Community Foundation of New Jersey will make the grant(s) in the form of a check(s) payable to the vendor(s) and the applicant will be notified of the payment(s) via email and regular mail. All grants are made directly to vendors as bill payments; assistance funds are not sent directly to applicants. In certain limited circumstances, an exception to this requirement may be made at the discretion of the Community Foundation of New Jersey.

Provide the name of the vendor, the complete address, the account numbers (when relevant), amount due, and due date. Please list the vendors **in order of priority**. For each vendor, attach appropriate documentation (bills, lease, mortgage coupon, statement, etc.)

Vendor Name	
Vendor Address	
Basic Need Covered	
Payment Amount and Due Date	
Account Number	

Vendor Name	
Vendor Address	
Basic Need Covered	
Payment Amount and Due Date	
Account Number	

A completed application must be submitted in order for the application to be reviewed. Incomplete applications will be held for 30 days after the application has been submitted awaiting the additional information required. After 30 days, the applicant will need to apply by resubmitting a new application and all supporting documents again. We cannot make payments without clear, complete information including full account numbers and all documentation. Omitting copies of your bills will delay your application.

Supporting documentation

Please attach any documentation that supports your loss and/or damage. Examples include (but are not limited to): insurance claims forms (photographs may be requested), vendor documentation (bills to be paid), lodging receipts in the case of evacuation, insurance claim forms and/or explanation of benefit, service provider estimates, police/fire reports, etc.

Agreement and Authorization – Please Read Carefully

No employee is entitled to receive a grant, either by their employment, their history of contributions to the Fund or because of any precedent inferred from a previous grant from the Fund. Grants will not be made before an employee

has demonstrated an immediate financial need and provided all required documentation. Grants are contingent upon the availability of funds at any given time.

This application will be treated in a confidential manner by the Community Foundation of New Jersey. Non-identifying statistical information will be reported to the American Water Charitable Foundation on a periodic basis.

Your signature below certifies that the information provided is true and complete, authorizes the Community Foundation of New Jersey to obtain and/or verify all information necessary to process this application including employment status, and releases American Water and the Community Foundation of New Jersey from any liability associated with the rejection of or funding of this application.

Employee Signature Required: ____

Date: ____________________

If you receive a grant, would you be willing to be contacted by a Community Foundation of New Jersey representative to share your story/experience? _____ Yes _____ No

Date Received	
Application Status	_____ Approved _____ Denied _____ Withdrew ______
Log #	

Online applications are submitted directly to the Community Foundation of New Jersey. If you prefer to submit application via regular mail or fax, please send completed and signed application with requested documentation to:

The Community Foundation of New Jersey
Attention: American Water Employee Crisis Fund
Post Office Box 338, Morristown, NJ 07963-0338
Phone: 973.267.5533 Fax: 973.267.2903

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ATTACHMENT A - TO BE COMPLETED BY HEALTHCARE PROVIDER IF APPLYING FOR CATASTROPHIC ILLNESS OR INJURY.

Mail or fax completed and signed application to:

The Community Foundation of New Jersey
Attention: American Water Employee Crisis Fund
PO Box 338, Morristown, NJ 07963-0338
Phone: 973.267.5533 Fax: 973.267.2903

First and Last Name of Healthcare Provider: ______________________________
Address: ______________________________
Telephone: ______________________________
Email: ______________________________

To the attending physician: The employee below has applied for crisis funding from the American Water Employee Crisis Fund for his/her self and/or the patient named below. This form is required for your patient to be considered for a grant.

Name of American Water Employee: ______________________________

Name of Patient: ______________________________

Patient Relationship to Employee: ______________________________

Patient Address: ______________________________

Does the patient have a catastrophic illness or injury? Please circle. Y N

Note: Catastrophic illness or injury is defined as a serious illness, serious injury, impairment, or physical condition that a licensed physician certifies as critical, life threatening or terminal.

Date on which the patient's catastrophic illness commenced: ______________________________

Probable duration of patient's catastrophic illness or injury: ______________________________

Describe the catastrophic illness or injury using appropriate medical facts within your knowledge (attach supplemental sheets if necessary).

____
____
____
____

Does the patient need constant care? Please circle one. Y N

If yes, what is the estimated amount of time that the patient will need this care?

____
____
____

Signature of Healthcare Provider: ______________________________
Date: ______________________________