

**WARREN WASHINGTON ASSOCIATION FOR MENTAL HEALTH, INC.  
STAFF EMERGENCY ASSISTANCE APPLICATION**

**The Mission of the SEA Program:**

The mission of the Staff Emergency Assistance program is to distribute funds provided to WWAMH through private donors for the sole purpose of assisting WWAMH staff to cope with unexpected hardship causing undue financial stress. This stress must affect or have the potential to affect their work performance.

**Requests include:**

WWAMH staff, limited to part-time and fulltime employed staff only, can request a one-time sum up to \$500.00 per calendar year to cover a financial hardship to themselves. In lieu of a staff requesting for themselves, a staff member's supervisor can make this request with the permission of the staff person. In addition to, or in lieu of, a monetary donation, additional support may be rendered by the Emergency Fund for Employees Committee (EFEC) through recommendations and/or connections to community supports to assist them in their dilemma. While funds are not available for relief staff under this funding, relief staff can still apply for non-monetary assistance and/or guidance from the EFEC.

**Examples of undue hardship causing financial stresses include, but are not limited to:**

Medical expenses not covered by insurance but necessary for health, auto repairs on the car transporting the staff member to work that is not working, life emergencies, bed bug treatments, bereavement time (as defined in the Employee Handbook) travel expenses, necessities, etc.

**Emergency Fund for Employees Committee (EFEC):**

The Emergency Fund for Employees Committee is a group of internal agency leaders vested in the wellbeing of agency staff and have the wherewithal within their role within the agency to assist as part of this group in this capacity. Members include the Director of Human Resources, the Director of Care Management Services, the Director of Restorative Residential Services, the Director of Corporate Compliance and Quality Assurance, the Director of Development, and the Chief Executive Officer. Funding decisions are at the sole discretion of the Emergency Fund for Employees Committee.

**Process:**

1. Complete SEA Application, which is located on the P Drive and in ADP.
2. Email completed SEA Application to [SEA@wwamh.org](mailto:SEA@wwamh.org)
3. In order for applicants to remain anonymous through the review process, the HR Director will conceal any identifying information on the application and submit the redacted copy to the remaining EFEC members for review.
4. The EFEC will review and respond as soon as possible with a decision, and/or ideas for support and services requests. The EFEC decisions will be based on staff need and availability of funds, and the HR Director will not be part of the final decision of funding. In the event the HR Director is away from work for an extended period of three business days or more, their duties as they relate to this process will be temporarily assigned to another member of the EFEC and anonymity will be maintained for the staff applicant.
5. The HR Director, or designee, will communicate the EFEC's decision for funding and/or recommended resources to the staff applicant.

**The seed money for EFEC was provided by a generous donation. Employees of WWAMH can contribute to this fund. Any amount, no matter how small, helps us to keep a good thing going.**

**Thank you.**

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**SECTION 1: Demographics**

Date of Request: \_\_\_\_\_ Date Funds and/or Services Needed by: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Employee Current Status (please check one):      Full Time      Part Time      Relief

Best phone number and/or email to reach employee: \_\_\_\_\_

**SECTION 2: Request**

What type is the request: (please check one):      Monetary      Services      Both Monetary and Services

\*\*NOTE: Relief staff are only able to select "Services" at this time.

If this is a monetary request, how much money are you requesting (must be \$500.00 or less): \_\_\_\_\_

\*\*Note: Employees requesting financial support will be required to provide a receipt(s) for whatever the money was funded for, or the agency will cut a check to the named entity noted below.

**SECTION 3: Monetary Request ONLY (complete if requesting only money or both money and services above)**

Please provide a narrative of the situation for which the funding is being requested.

\*\*Please note that all information is maintained confidential, and any transaction is strictly maintained between the requestor and the Emergency Fund for Employees Committee (EFEC). Requesting assistance will in no way impact a staff member's job function in the agency and/or result in any retribution in any form. These supports were created to assist staff experiencing undue and uncontrollable hardships that have lent to, or may lend to compromised work performance and mental wellness.

Please describe how this situation is harming the employee's mental well-being and/or ability to work: \_\_\_\_\_

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As these monies are only granted as the last resort, please share what avenues you have tried to resolve this issue and the outcome of those attempts.

If the monies requested are granted, who or what entity would a check need to be made payable to (please provide name, address, and phone number)?

**SECTION 3: Services Request (complete if requesting services or both money and services above)**

Please provide a narrative of the situation for which services support/guidance is being sought.

**SECTION 4: Signatures**

By completing and submitting this form, the employee understands that a Committee (the Emergency Fund for Employees Committee) will be reviewing all information and that the employee agrees to open communication with EFEC to obtain assistance.

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(signature of employee)

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(date of signature)

(type or print your name)

**NEXT STEP:** Please EMAIL this form to [SEA@wwamh.org](mailto:SEA@wwamh.org)