

Cox Family Assistance Fund

CoxHealth Foundation

The Cox Family Assistance Fund was a gift of former CEO Larry Wallis and his wife Pat. The Wallis's established the fund to offer a source of support for CoxHealth employees during times of defined crisis. Today this fund is comprised of the Wallis's donation and matching dollars from the CoxHealth Board of Directors and gifts from employees through the Patron Circle, employee giving program. The principal cannot be spent; the interest income and on-going donations are the only source of funding to employees. Employees can only receive assistance from the Fund one time during a twelve-month time period. Under extreme circumstances, exceptions can be made with full committee review, only when meeting defined crisis guidelines. THIS FUND DOES NOT SUPPORT DAILY, HOUSEHOLD BILLS OR REQUESTS FOR BEING BEHIND ON BILLS, WHICH RESULT IN THE LOSS OF UTILITIES, CARS, APARTMENTS ETC. THIS IS NOT WHAT THE FUND WAS ESTABLISHED TO SUPPORT, WE APPRECIATE YOUR UNDERSTANDING OF IT'S INTENDED USE SO IT CAN BE AVAILABLE IN TIMES OF CRISIS.

To qualify for this fund:

1. Applicant must have worked for CoxHealth for SIX (6) MONTHS AS A FULL-TIME EMPLOYEE OR ONE YEAR AS A PART-TIME EMPLOYEE. PRN employees are not eligible.
2. Applicant must be in good standing, not under any current disciplinary action.
3. Applicant must meet the guidelines for DEFINED CRISIS, see below.
4. Applicant must provide all required documents before consideration will be given: application, explanation of need, supervisor recommendation, last pay stub.

To apply:

1. Complete the Cox Family Assistance Fund Application.
2. Attach a copy of your most recent paycheck stub.
3. Provide an explanation of your need and, (use the back of the form)
4. Have a recommendation from your supervisor verifying that you are an employee in good standing. This letter can be emailed to Lisa.Alexander@coxhealth.com or sent in-house to the CoxHealth Foundation, Medical South, Suite 204.

A request WILL NOT be reviewed until all the above information is provided to the CoxHealth Foundation. It is the applicants responsibility to collect and turn in all these documents.

A DEFINED CRISIS INCLUDES:

- Loss of home or disruption of the use of your home due to fire or natural disaster defined as a tornado, flood, or earthquake.
- Death of spouse, resulting in loss of income.
- Devastating illness, injury or accident of an immediate family member (spouse or child) that results in the loss of income to the employee or their spouse.
- Support during times of loss of immediate family: **Covered Family is defined as employee's husband, wife, child, step-child, father, mother, brother, sister, mother-in-law, father-in-law, son-in-law, daughter-in-law, stepfather, stepmother, grandchild, grandparent, spouse's grandparents, sister-in-law or brother-in-law.**

These will NOT be funded:

This fund does NOT support the following: Please do not ask for support from this fund due to being behind on bills. While the committee appreciates this can be a crisis, it is not what the fund was established to support. No grants will be offered for the following:

- Daily/household bills; cell phone/pager bills; rent; over due bills; groceries; childcare; mortgage payments
- Car repairs; tires, car insurance; gas money
- Expenses related to the illness of a parent or grandchild unless the grandchild is in the custody of the employee or the employee lives with their parent.
- Legal expenses

Amounts awarded are limited to the funds available. The amount available is determined by the interest income generated off the fund's principal. The maximum amount awarded (based on availability) is \$500. It is the applicant's responsibility to identify the loss and the need to help determine the gift grant. Additional information, including insurance, deductibles, life insurance, replacement costs, uncompensated costs, medical benefits etc., may be requested to help confirm need.

Your application will be reviewed as soon as possible after receipt of all documents. If additional information is required, the applicant will be contacted by the CoxHealth Foundation. The committee that reviews the application consists of five CoxHealth employees at a minimum and seven at a maximum. A quorum is required for a vote. All information is kept fully confidential. As soon as a decision is made the applicant will be notified by phone. If phone contact is not made we will notify by mail. Please be sure to give complete contact information with both day and night time phone numbers, email if available. Requests involving the care of children will also be reviewed by the Children's Miracle Network for assistance where possible. If you have questions, please call 269-7109.