

## California State University Channel Islands 2009 Helping Hand Program

The CSUCI 2009 Helping Hand Program is a one-time project for 2009 designed to provide some assistance to employees who may be in need in this difficult economic time. The program may help with food and/or other necessities for members of employee households. Assistance will generally be in the form of gift cards.

A special fund has been established within the CSUCI Foundation and some donations have already been received. Anyone wishing to contribute to this fund to help us take care of each other is encouraged to do so. Donate by contacting the Marti DeLaO in the Advancement Office at 437-8919 or by email at [marti.delao@csuci.edu](mailto:marti.delao@csuci.edu).

Any CSUCI community member can request assistance by contacting Human Resources Programs or the University Reception Desk. An application will be required. A small committee made up of CSUCI employees and CSUCI Foundation board members will review all applications and make award decisions. ALL RECIPIENTS WILL REMAIN ANONYMOUS.

The CSUCI 2009 Helping Hand Program has been established to assist employees experiencing a temporary hardship during the current budget crisis and is not intended to replace other forms of assistance or to be ongoing. We know that all applicants are experiencing financial need, but with limited funds available, not all will be able to receive assistance, even though clear need may be evident. The CSUCI Employee Assistance Program (EAP) is also available to offer other (non-financial) forms of assistance during difficult times. Additional information and EAP pamphlets are available at Human Resources.

Assistance will be considered by determination of need. The program is intended to assist families in a time of hardship, and applications will be approved or denied based on the committee's assessment of individual circumstances. Additional information may be requested of applicants during the application review.

The CSUCI 2009 Helping Hand Program can only provide help for CSUCI employees and their immediate family members living within their households.

### Program Criteria:

1. Applicants must be fulltime employees and have worked at CSUCI for at least 12 months.
2. Applicants can receive assistance only once per household, i.e. families with more than one CSUCI employee can apply only once.
3. The hardship addressed in the application must be the result of a temporary situation. This is defined as an acute financial setback as the result of a specific, definable event (e.g. foreclosure or threat thereof, loss of employment, acute illness, death of immediate family members, etc.). By temporary, it means that an applicant, who previously was able to manage his/her finances, now finds him or herself unable to afford basics to provide for his/her family. Because we anticipate the needs for assistance may exceed the available funds, this criterion was established to be fair and consistent in the administration of the limited funds.
4. Maximum award per household will not exceed \$500. Awards may be subject to payroll tax.

5. Assistance through the program will be for the 2009 calendar year only and will be dependent upon availability of donated funds to distribute. The program will not continue past December 31, 2009.

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2009 Helping Hand Program

**APPLICATION FOR ASSISTANCE**

**MISSION:** *To help CSUCI colleagues and their immediate families by providing food, and/or other necessities when faced with financial difficulties during the current budget crisis.*

**Please complete the application, sign and return in an envelope to Human Resources or the University Reception Desk. Applications will be reviewed in a timely manner.**

**All fields are required to be completed. Forms missing information will not be considered for assistance. If a field does not apply to you, please write N/A (not applicable).**

Tell Us About Yourself

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Household income per year (\*total income from all persons 18 years of age and older living in your household) from all sources (documentation may be requested):

What was your 2008 Adjusted Gross Income? \$ \_\_\_\_\_

What is your current monthly income? \$ \_\_\_\_\_

Are you currently receiving assistance from an outside agency or source (Social Services, Salvation Army, Food Share, area churches, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are currently receiving assistance, please identify the source and the amount of the assistance below:

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My signature below indicates my agreement with the following certifications:

1. I certify that the information hereon is complete and accurate.
2. I will apply any and all monies received through this application toward the listed obligations.
3. I understand that monies may be considered as income and may be taxable.
4. I give CSUCI my consent to disclose personal information to the CSUCI 2009 Helping Hand Program Committee.

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Signature

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Date

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Printed Name

*Level of assistance will be considered by determination of need. The program is intended to assist families in a time of hardship, and assistance will be based on the committee's assessment of individual circumstances. The CSUCI 2009 Helping Hand Program Committee can ONLY provide assistance for immediate family members living within the household of the CSUCI employee.*