

## Team Member Crisis Fund

Advocate Aurora Health has established a Team Member Crisis Fund in both Wisconsin and Illinois. The purpose of this fund is to provide financial assistance to Advocate Aurora team members in emergency situations which cause a temporary financial crisis. A temporary financial crisis is a one-time emergency that makes it difficult for a team member to provide for basic needs for themselves or their family including the ability to report to work. The funds are not designed to assist team members in managing their monthly recurring budget needs.

### Who is eligible?

Full/part time team members who have successfully completed their initial 90-day employment period.

### What expenses are eligible?

#### Eligible expenses

Examples include rent, mortgage, utility bills, car repairs and car payments.

#### Non-eligible expenses

Examples include items that are not considered basic needs for living or getting to work include tuition/school fees, tickets/tolls/finest, taxes, internet or cable TV, cell phone, health care expenses or credit cards.

### What is the application process?

- Complete an application form, describe the one-time emergency and verify that a plan is in place to address the situation in the future.
- Provide appropriate documentation of the bill or statement that documents the need.
- Send completed application and documentation to [ASC-CrisisFundApplication@aah.org](mailto:ASC-CrisisFundApplication@aah.org).
- The application will be reviewed by a committee and the team member will be notified by email about the disposition of the request within 15 business days.
- If accepted, the crisis fund check will be mailed directly to the vendor and will not be payable to the team member.
- All requests will be confidential.

### How much funding can I apply for?

- The maximum amount of funds to be awarded to an individual in one instance of need will be up to \$1,000.
- A team member is eligible for access to crisis funds once every two years with an employment lifetime limit of \$3,000.

### How is the team member crisis fund funded?

- The dollars in this fund come from generous donations of our board, leaders, team members and community. We are grateful for their gifts.
- Please consider making a gift. **To donate to the fund**, click here for [Illinois](#) and here for [Wisconsin](#).

If you have questions email [ASC-CrisisFundApplication@aah.org](mailto:ASC-CrisisFundApplication@aah.org).

**ADVOCATE AURORA HEALTH, INC.**  
**CRISIS FUND REQUEST FORM FOR TEAM MEMBERS**

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Please provide home address as on file with HR. Please include supporting documentation (copy of the bill showing the amount due and the remit to address, and/or also a copy of the lease/eviction notice from the landlord.)

Note: **You may be asked to provide additional documentation to verify the need.**

Date: \_\_\_\_\_ AAH operating unit (WI or IL/site/hospital name): \_\_\_\_\_

Employee ID # \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employment: Full-Time \_\_\_\_\_ Part-Time A or B \_\_\_\_\_

Are you currently on disability (Short Term or Long Term)? \_\_\_\_\_ YES \_\_\_\_\_ NO

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

Address: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Department: \_\_\_\_\_

Have you applied for assistance from the Crisis Fund before? \_\_\_\_\_ YES \_\_\_\_\_ NO When? \_\_\_\_\_

Description of CRISIS situation/need (PLEASE BE SPECIFIC):

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I understand that this is an application for a one-time emergent need and that I will need to have a plan in place to address this need in the future. Yes \_\_\_\_\_

By submitting this application, I acknowledge that the information stated on my application form is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Team Member's Signature

\_\_\_\_\_  
Date

Email contact: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work number: \_\_\_\_\_

PLEASE SUBMIT COMPLETED APPLICATION WITH DOCUMENTATION TO:

[ASC-CrisisFundApplication@aah.org](mailto:ASC-CrisisFundApplication@aah.org)