



OneUCares Fund Application for Assistance

The OneUCares Faculty and Staff Emergency Fund (the “OneUCares Fund”) was established to assist eligible University of Utah faculty and staff during temporary financial hardships experienced as a result of unforeseen and unavoidable circumstances such as sudden illness, family crisis, or natural disaster. The OneUCares Fund can provide financial resources to a single household up to a maximum of \$500.00 to bridge the gap.

Eligible employees must meet the following requirements:

- Be employed by the University in a benefit-eligible position and be in good standing with no current disciplinary actions
- Not be separating from University employment
- The employee’s household has not received assistance from the OneUCares Fund within the past twelve (12) months
- Have a temporary financial hardship that results in the employee being unable to meet immediate, essential expenses (a qualifying temporary financial hardship is one caused by a specific event rather than pre-existing financial concerns, that affects the Employee, the Employee’s Spouse or Domestic Partner, or the Employee’s other Immediate Family Member as defined in [University Rule 5-200A](#), Section II)
- Have exhausted all other available avenues of assistance

Additional information about the emergency fund is online at <https://www.hr.utah.edu/benefits/OneUCares.php>.

EMPLOYEE INFORMATION	
Name: _____	Employee ID # _____
Email Address: _____	Preferred Phone: _____
	<i>Okay to Leave Message?</i> <i>Yes</i> <i>No</i>
DETAILS REGARDING THE TEMPORARY HARDSHIP	
Please answer each of the following questions as completely and concisely as possible. A OneUCares Representative may contact you for more information.	
1. Describe your hardship in detail. What is the cause of the hardship? When did the event or situation occur? What has been the financial impact of the event?	
2. If you have missed time from work as a result of the hardship, please give the dates. Did you receive pay for the missed time using leave accruals (vacation, sick, PTO, vacation donation)?	

3. If you are currently on leave, please give your expected date of return to work.		
4. Please provide evidence of the hardship expense. Please explain how much of the expense you are able to cover and how much of the expense is creating the hardship.		
5. Prior to the hardship event, did your monthly expenses exceed your monthly income?	Yes	No
6. How much money are you requesting? \$	_____	
7. How will this amount be used to eliminate or reduce the hardship?		

Employee Certification	
I certify that the information provided on this application is complete and accurate and that my financial hardship is genuine.	
I certify that all supporting documents that I provide are valid and accurate.	
I understand that any money I receive from the OneUCares Fund will be taxable income to me (unless it is to meet reasonable and necessary personal, family, living, or funeral expenses incurred as a result of a qualified national disaster in accordance with IRC Sec 139).	
I will apply all money received from the OneUCares Fund toward debts related to the hardship.	
I understand that my application will not be considered for financial assistance if it is found to contain misleading information.	
Employee Signature: _____	Date: _____

Send completed form with back-up information to:

University Human Resource Management Director of Benefits
250 E 200 S, Suite 125
Salt Lake City, UT 84111
Fax: (801) 581-7375
Email: oneucaresfund@utah.edu