



Application for Emergency Financial Assistance

What is the Employee and Community Assistance Fund (ECAAF)?

Southcentral Foundation's Employee and Community Assistance Fund (ECAAF) is a benevolence fund supported by employee and community donations. The fund is intended to provide emergency financial assistance to Alaska residents faced with desperate circumstances following an emergency and/or unforeseen life event experienced within the **past 90 days**. ECAAF has a formal application process with established criteria for applicant awards.

How do I apply and who is eligible?

- Use this application to apply for emergency financial assistance from ECAAF.
 - a. Scan and email it to scfecaf@southcentralfoundation.com
 - b. Mail or deliver in person to 4501 Diplomacy Drive, Anchorage, Alaska 99508
 - c. Fax it to 907-729-5227
- You must be an Alaska resident facing an unforeseen, emergency financial hardship.

What you may need to provide to us.

Documentation must be attached to the application upon submission that clearly identifies the financial impact of the emergency hardship. Applications will be reviewed once all documentation is received.

While you know best the documents demonstrating the emergency's financial impact, examples of supporting documentation can include:

- Provider's letter or notes (documenting loss of work)
- Pay stubs that document loss of income due to hardship
- Medical bills and co-pays for doctor's visits and prescriptions
- Accident report
- Police or fire report
- Death certificate, receipts for expenses following loss of family member (i.e., travel, funeral home, etc.)
- Legal documentation of court proceedings

Documentation of monthly income for all members of the household, regardless of type of income. For example:

- Two (2) most recent pay stubs
- Two (2) most recent pay stubs for others in the home
- Unemployment
- All other income

Documentation of monthly expenses that are relevant to the unforeseen, emergency financial situation. These can include the following:

- Lease or mortgage statement
- Utility bills (electric, gas, water, phone, cable, garbage, etc.)
- Car payment
- Insurance (car, life, rental, or mortgage, etc.)
- Childcare expenses
- Loans (student/educational, personal, property, payday, title, etc.)
- Credit cards
- Other regularly paid bills



How long will the application review take?

When possible, the application review panel will make funding decisions within three (3) business days. However, funding decisions may take up to seven (7) business days, depending on the circumstances presented. If additional information is required, you and/or your references will be contacted by an ECAF associate.

- The applicant will be notified of the decision whether approved or denied BY PHONE OR EMAIL. If the application is approved, a check will be generated as quickly as administratively possible, and the applicant will be notified when the check is available for pick-up, allowing up to two (2) business days for processing.
- In the event an application is not approved due to lack of documentation, the applicant has the option to submit a new application.

Important information to know.

- An application review panel reviews all applications to determine whether ECAF criteria is met.
- ECAF will pay expenses associated with a crisis directly to the applicant.
- There is no guarantee of award approval. If denied, every effort will be made to refer the applicant to other community resources.
- All applications and supporting documentation are kept confidential.
- **If you need help with this form or have questions, please contact us at 907-729-6723 or email SCFECAF@southcentralfoundation.com**

What is considered an emergency hardship?

- Fire
- Natural disaster
- Uninhabitable home
- Theft/loss of essential property
- Funeral expenses
- Accident
- Sudden/unforeseen medical event

Funding Exclusions

ECAF will not provide awards for emergencies outside of a 90-day time frame and:

- *Non-Crisis Situations* – ECAF considers a crisis to be unexpected or out of one's control, requiring immediate attention to prevent further complications.
- *Past Due Medical Bills* – ECAF does not support past due medical bills or insurance premiums. ECAF does not fund costs associated with cosmetic surgery.
- *Grants for Existing Debt* – ECAF does not make payments for credit cards, payday loans, or rent-to-own contracts.
- *Chronic and/or Seasonal Illnesses* – ECAF does not consider financial impacts resulting from chronic illnesses and seasonal illnesses such as influenza and COVID as unexpected events.

What limits apply to ECAF?

- No more than one (1) application per crisis event.
- No more than twenty-five hundred dollars (\$2500) may be awarded to a single applicant household during a rolling twelve (12) month period.

Additional Resources

Applicants who are also employees of SCF are encouraged to speak with their supervisor/manager regarding benefits that may be available to them in times of crisis, including Family Medical Leave (FML); short-term and/or long-term disability; and resources through the Employee Assistance Program (EAP).



Emergency Resource List

Suicide Support:

- Suicide and Crisis Lifeline: dial **9-8-8**
- Careline Alaska: 1(877) 266-4357 – Open 24 hours OR text "4help" to 839863 3:00pm-11:00pm Tuesday-Saturday
- National Suicide Prevention Lifeline: 1(800) 273-TALK (8255) OR text "go" to 741741
- American Foundation for Suicide Prevention: 1(888) 333-2377 (National Office)
- National Alliance of Mental Illness: 1(800) 950-NAMI (6264)
- Trevor Project for LGBT Youth: 1(866) 488-7386 – Available 24/7
- Military One: 1(800) 342-9647

Crisis Support:

- Anchorage Community Mental Health Services Crisis Line: 907-563-3200 Available 24/7
- Careline Alaska: 1(877) 266-4357 Open 24 hours OR text "4help" to 839863 3:00pm-11:00pm Tuesday-Saturday
- Alaska Psychiatric Institute: 907-269-7100
- Alaska Native Medical Center Emergency Department: 907-729-1729
- Providence Crisis Recovery Center: 907-563-5006 Available 24/7
- Providence Psychiatric Emergency Department: 907-212-2800
- Providence Mental Health Unit: 907-212-3040
- Mental Health America: 1(800) 969-6642
- University of Alaska Anchorage Psychological Services Center: 907-786-1795 (Training clinic for graduate students in the MS Clinical Psychology Program and the PhD Program in Clinical-Community Psychology)

Domestic Violence Support:

- Abused Women's Aid in Crisis: 907-272-0100 24 Hour Crisis and Support Hotline
- National Domestic Violence Hotline: 1(800) 799-SAFE (7233) Available 24/7
- Standing Together Against Rape: 1(800) 478-8999, Local 907-276-7273 Available 24/7

Other Supports:

- Southcentral Foundation Behavioral Services Division: 907-729-2500 7:30am-6:30pm Monday-Friday
- Anchorage Community Mental Health Services: Adults: 907-563-1000 Child and Family: 907-561-0954
- United Way of Anchorage: 1(800) 478-2221 OR dial **2-1-1** For life needs and everyday challenges.
- Anchorage Police Department: Main Line 907-786-8500 Non-Emergency Line 907-786-8900
- Alaska State Troopers: 907-269-5511 (Anchorage Contact Number)
- Alaska Adult Protective Services: 907-269-3666 (For vulnerable adults)
- Alaska Mental Health Consumer Web: 907-222-2980 Mon-Fri 8:30am-5:00pm Saturday 10:00am-4:00pm
- Brother Frances Shelter: 907-277-1731 (Adult)
- Covenant House Alaska: 907-272-1255 (Youth)
- Victims for Justice: 907-278-0977
- Food Bank of Alaska: (907) 272-3663 Mon-Fri 8:00am – 4:00pm

Financial Supports:

- Alaska Temporary Assistance Program/General Relief/Adult Public Assistance: 800-478-7778
- Alaska Employment Office: 907-269-4800
- Cook Inlet Tribal Council: 907-793-3600
- Heating Assistance Office: 907-465-3010
- Mat-Su District Office: 907-376-3903
- Social Security Administration: 907-271-4455
- Landlord Housing Partnership Program: 907-215-1661
- Bureau of Indian Affairs: 907-271-3519
- Eagle River Job Center: 907-694-7008
- Long Term Care Office: 907-269-8950
- Senior Benefits Office: 907-352-4150
- State Energy Assistance Program: 907-465-3058
- SCF Outreach and Enrollment: 907-729-4470



Applicant Information

This application must be filled out completely for all financial requests. Incomplete applications and lack of supporting documentation will delay the review process.

Full Name			
Phone		Email	
Address			
City, State & Zip			
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Partner <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated		
Referred by			

Household Information

Start with yourself and then complete for each person in your household. For more than six (6) people, make a copy of the blank pages and attach.

Full Name	Age	Relationship	Employer	Monthly Income
		self		\$
				\$
				\$
				\$
				\$
				\$
Total Monthly Income				\$



Monthly Household Expenses

Please tell us about your expenses so you can get the maximum benefits. *If requested, you may need to provide statements. Do not enter amounts paid for by housing assistance such as HUD, ASHA, AHFC or Section 8.*

Description	Monthly Amount	Amount Owed
Housing (<i>rent or mortgage</i>)	\$	\$
Food and groceries (<i>do not include Food Stamp amount</i>)	\$	\$
Utilities (<i>electric, gas, water, and sewer</i>)	\$	\$
Cable, internet, phone	\$	\$
Transportation (<i>car payment, gas, maintenance</i>)	\$	\$
Out-of-pocket medical (<i>doctor, hospital, prescriptions</i>)	\$	\$
Childcare, child support, alimony	\$	\$
Credit card or debt payment	\$	\$
Other expenses not listed	\$	\$
Other expenses not listed	\$	\$
Total Monthly Expenses	\$	\$

Sharing Your Story

Please detail the unforeseen crisis event that caused the need for financial assistance. *This should explain when and what caused the difficulties you are experiencing and the financial impacts of the situation.*



How are you actively working to ensure that your current financial need will not become a long-term situation?

Describe your support system. For example, who do you count on for support, help, accountability, etc.?

Please list all agencies and organizations you have contacted for assistance. What was the outcome?



Description of Need

What is the amount of the financial assistance you are requesting? Please provide documentation of the amounts that you owe – bills, statements, lease agreements, etc.

Who do you owe?	Amount Owed	Documentation Provided
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Requesting Amount		\$

Payment of Award

If your application is approved, how would you like to receive your award?

- Mailed** (we will use the address submitted on this application)
- Pick up in person** at 4501 Diplomacy Drive, Anchorage, Alaska 99508
- Direct deposit** (if you choose this option, please provide a voided check or statement from your bank that shows your name, routing, and account number with your supporting documents at the time of submitting application; or the check will be mailed to address on application)

Disclaimer and Signature

I confirm to the best of my knowledge the information and documentation contained in this application is accurate and true. I understand additional information may be requested from me or my references to verify information submitted. Additionally, if my application suggests I may be currently unsafe in any way, I understand an ECAF member will reach out to me or my references to offer support.

If financial assistance is awarded, the funds will be used for the purpose(s) intended.

Signature: _____ **Date:** _____

References

Please provide two (2) references who know you well and can verify your financial hardship. A member of the ECAF committee may reach out to your references for additional information.

Name	Phone	Email