

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION Emergency Assistance Application

(Please Type or Print)

A P P L I C A N T	APPLICANT'S NAME (LAST, FIRST, M.I.)			
	STREET ADDRESS			
	EMERGENCY ADDRESS			EMERGENCY TELEPHONE
	CITY	STATE		ZIP CODE
	HOME TELEPHONE	OFFICE TELEPHONE	CSEA NUMBER <i>OR</i>	SOCIAL SECURITY NUMBER
	CHAPTER NAME & NO.			
	TYPE OF DISASTER (earthquake, fire, flood, etc.)			DATE

Attach verification/statement that an official agency deemed your primary place of residence uninhabitable and partially or temporarily condemned.

AGENCY (such as Fire, Police or City/County Building Department)

I certify under penalty of perjury that the information furnished in this application is true and correct. I understand that any misstatement or falsification may result in my disqualification.

APPLICANT'S SIGNATURE	DATE
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Payment Authorized By: _____
DIRECTOR, MEMBER BENEFITS DATE

Check # _____ Amount of Assistance \$ _____
DATE

RETURN TO: CSEA, Attn:Emergency Relief Program, Member Benefits, 2045 Lundy Ave., San Jose, CA 95131
 (Must be returned within 90 days of the catastrophic event)

FOR OFFICE USE ONLY

MISCELLANEOUS

1010 DOROTHY BJORK ASSISTANCE FUND

Last Revised July 2015

.4 Emergency Assistance Program

.01 Purpose. The Emergency Assistance Program may be used to assist eligible organizations that are providing aid in areas that have been declared federal disaster areas as a result of a catastrophic event (e.g., fire, earthquake, or flood) and to assist eligible members and staff whose primary place of residence is uninhabitable as a result of a catastrophic event whether or not a disaster is declared.

.02 Eligibility.

(a) Organizations: The Board of Directors shall determine the organizations (e.g., charities approved as non-profit by the Internal Revenue Service, union disaster funds) eligible for emergency assistance.

(b) Individuals: Emergency assistance shall be restricted to CSEA members in good standing and any CSEA staff in a paid status whose primary residence is deemed uninhabitable and partially or temporarily condemned by an official agency.

.03 Application and Administration

(a) Emergency assistance requests shall be submitted to the Dorothy Bjork Assistance Fund Committee within ninety (90) days of the catastrophic event.

In lieu of an official request from the eligible organization(s), the Dorothy Bjork Assistance Fund Committee may submit a request to the Board of Directors.

In lieu of an official application form from the affected eligible person, emergency assistance may be requested via telephone or other communication to the Field Office or Association Headquarters as appropriate either from the affected eligible person, or from the Chapter President, Regional Representative, or staff person on behalf of the eligible person.

(b) Organizations: The Dorothy Bjork Assistance Fund Committee shall recommend to the Board of Directors the organization(s) to receive assistance and the donation to each organization. Such recommendation shall be based on the scope of the declared disaster, the specific needs of the residents of the disaster area, and the availability of funds. However, in no event shall any eligible organization receive more than \$5,000 for a disaster.

Individuals: The Executive Director or designee shall examine each request and interview by telephone or in person the eligible person. The Executive Director or designee shall report to the Dorothy Bjork Assistance Fund Committee regarding each request. The Dorothy Bjork Assistance Fund Committee shall determine eligibility based on the applicant's specific need as stated in the request and the availability of funds. However, in no event shall any assistance grant exceed \$1,000.

Dorothy Bjork Disaster Assistance Procedures

Eligibility for "damage assistance," you must be a CSEA member in good standing or any CSEA employee. It must be any sudden catastrophic event causing great loss or destruction affecting any portion of the Association's membership, and which has been declared as such.

An applicant must have suffered a minimum net loss of \$2500 to receive Dorothy Bjork Assistance Fund assistance.

The deadline for receipt of this form to the Dorothy Bjork Assistance Fund Administration Committee shall not be sooner than ninety (90) days following date of issuance of the written notification to the chapters.

The committee shall meet within fifteen (15) days of final deadline for receiving application to screen applications and determine the appropriate distribution of available funds. Should the committee determine that any applicant has sustained a net loss of less than \$2500; such applicant shall be declared ineligible and removed from further consideration. The committee shall recommend to the Board of Directors at its next regular or special meeting. Once the Board of Directors has approved the funds to be dispersed, the Executive Director or his/her designee shall cause the disaster assistance check to be issued within five (5) working days.

For full policy disclosures, please refer to CSEA Policy 1010.

**CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)**

I hereby authorize **California School Employees Association (CSEA)** to initiate credit entries to the checking/savings account indicated below for; 1.) PAYROLL, 2.) REIMBURSEMENT PAYMENT/s, or 3.) BOTH
(*CIRCLE ONE*)

Bank Name _____

City _____ State _____ Zip _____

Branch _____

CSEA will provide me with a notification of depositor earnings statement or an email confirming reimbursement payment which will include amount deposited to the checking/savings account and date of the transfer deposit. (Due to system transfer requirements at the bank, reimbursements may appear as much as 48 hours after the notification.) This authority is to remain in full force and effect until CSEA has received written notification from me of its termination in such time and in such manner as to afford CSEA a reasonable opportunity to act on it.

Account Name/Chapter Name and Number _____

Authorizing Person/s _____

Email Address (*REQUIRED*) _____

Signature _____

Date _____ STATE OFFICER / AREA DIRECTOR (*CIRCLE ONE*)

Please attach BOTH a deposit slip and a voided check for the above checking/savings account.

cc: Employee
Employee File
Accounts Payable File