OSEA Member Assistance Fund Criteria

This is a program within OSEA that provides emergency assistance to members in need due to death, serious illness or injury, or disaster. It is supported by unused scholarship dollars, donations, and fundraising efforts. The request will be evaluated and a possible award of up to \$300 may be granted.

The following criteria must be met by the individual who will receive the funds:

- 1. Individual receiving assistance must be an active OSEA member in good standing at the time of the request.
- 2. Member assistance must directly impact the financial situation of the member.
- 3. May only receive assistance once in a 12-month period.
- 4. Extenuating circumstances will be considered on an individual basis; however, requests for strictly financial difficulties are not eligible.

Examples:

Serious Illness or Injury: Health condition should bar the member from working for an extended period of time. Members with Worker's Compensation claims will <u>not</u> be considered eligible.

Disasters: Examples of disasters that may qualify are such things as flood, fire, and other acts of nature. The damage sustained must not be covered by insurance or any other relief agency. This fund does not cover insurance deductibles.

Death: Death of a spouse/partner or child...... These funds may be used for funeral costs if there is an immediate financial need to the member that is not covered by an insurance reimbursement.

Process: The form should be signed by a Chapter officer and faxed to OSEA State Office, fax: 503-588-8307. It will be reviewed by the Executive Director who will call the Chapter President to verify the situation. If the request is denied, a letter will be sent to the member or the Chapter officer making the request within five days. If the request is approved, a check will be cut and sent with a letter to the member with a copy to the Chapter President within three days of the approval.

APPLICATION FOR MEMBER ASSISTANCE FUND

(Fax form to OSEA Executive Director, fax: 503-588-8307)

Name of member in need of assistance	
Chapter name and number	
Give details of circumstances that have led to the need for assistance – SEE CRITERIA. Include any information you believe would help in making a decision on this request.	
Have other agencies been contacted for assistance? Yes No	
Are you out of sick leave? Does your district have leave sharing?	
What Chapter assistance has been provided?	
Chapter officer requesting aid:	Mail check to:
Printed name	Name
OSEA office held	Address
Signature	
Phone	
- OSEA Office Use Only -	
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