

# Palms Casino Resort

## Palms Cares Team Member Emergency Relief Fund

### Guidelines & Procedures

**Palms Cares Team Member Emergency Relief Fund monies are solely funded by contributions from Palms Casino Resort and its Team Members. Available funds may vary from year to year depending on the monies made available through corporate donations, Team Member contributions and fundraising activities. The United Way of Southern Nevada administers the application process on behalf of Palms Casino Resort to ensure anonymity.**

#### **Purpose of the Palms Cares Team Member Emergency Relief Fund**

The Team Member Emergency Relief Fund is intended to assist in the event of an emergency or crisis when other funding sources are limited or not available. Emergency or crisis situations are unexpected events that have a significant impact on a person's health, safety, or welfare; or may pose a threat to the health, safety, or welfare of the individual if assistance is not available. The foundation is intended to address one-time emergency needs and is not intended to be ongoing financial support for an individual. Team Members are typically allowed to apply for assistance one time during any rolling twelve-month period. Relief assistance must not exceed the maximum allowable amount (\$1,500) within such twelve-month period.

## **Eligible Team Member Relief Emergencies**

The Team Member Emergency Relief Fund is intended for emergencies caused by severe illness or accident, death or severe illness of an immediate family member, fire, robbery or vandalism, acts of nature, floods, hurricanes, tornadoes, earthquakes, or other life-altering events or financial crises that are not the fault of or caused by the negligence of the Team Member.

## **Eligible Team Member Relief Applicants**

Team Member relief assistance is allowed only for Team Members and their immediate family members (as defined by the federal tax code at the time financial assistance is requested). Immediate family members are currently defined by the federal tax code as an Team Member's lawful spouse and unmarried children who qualify as dependents on federal income tax returns including adopted children, step-children, wards for whom the court decreed legal guardianship, and foster children residing full-time in the Team Members' residence, who are under 19 years of age (under 26 if enrolled as a full-time student for 12 or more credits in an accredited two year community college, four year college or university, or a post-high school trade or technical school).

Applicants for assistance must be current Palms Casino Resort Team Members and have completed their initial 90 days of employment to be eligible for financial assistance from the Team Member Emergency Relief Fund. Applicants may not be on a last and final corrective action. Team Members on leave must be on a job-protected leave to be considered for relief funds; Team Members on personal leave are not eligible. *However, exceptions/consideration may be given to Team Members on personal leave for their own medical reason prior to satisfying the one year and the 1,250-hour requirement for family medical leave.*

## **Allowable Expenses**

Team Members who are approved to receive assistance from the Team Member Emergency Relief Fund will have payments made directly to essential services on their behalf. Payments cannot be issued directly to the Team Member requesting assistance. Approved funds will be paid directly to the agency providing the essential service to the team member, i.e., hospitals, utility companies, property management companies (rent), banks (mortgage), funeral homes, and other agencies. Nonessential bills, such as cable television are not eligible for assistance. Payments to payday loan companies are also not allowed. Consideration for funds will only be given to financial obligations deemed to be "essential" to the team member and their household. Each request will be considered on its own merit and the decision of the Emergency Relief Fund Committee is final.

## Team Member Relief Application Process

Please see below for step-by-step assistance application instructions:

1. Download the Team Member relief assistance application at [www.uwsn.org/palmsfund](http://www.uwsn.org/palmsfund) or contact Human Resources to receive a hard copy.
  
2. Complete the application (including supporting documents) in its entirety. Incomplete applications or missing support documents will delay the review of your application. Completed applications must include:
  - Signed copy of the completed application
  - Copy of bills being requested for assistance (mortgage, energy, gas, water, medical, etc.)
  - Contracts (lease agreement if paying rent)
  - Statement of benefits/insurance if requesting assistance to pay for medical bills
  - Approved FMLA paperwork if applying for assistance when in medical/family leave or approved personal leave paperwork if applying for assistance when in a Palms Casino Resort approved personal leave.
  - W-9 form(s) from the vendor(s) you are requesting to be paid. The W-9 is an Internal Revenue Service form used to verify and certify that you are working with a legitimate business that is paying its taxes. Basic information includes: vendor business name, type of business, employer identification number or social security number and a signature. *Please note that checks (payments) cannot be made directly to the Team Member requesting assistance.*
  
3. **Send the completed application package** to United Way of Southern Nevada via email.  
Attention to: UWSN Programs Team  
Email: [eap@uwsn.org](mailto:eap@uwsn.org)
  
4. Upon receipt, UWSN reviews the application for eligibility:
  - Has the applicant received assistance in the last twelve months?
  - Does the crisis event and request meet crisis fund objective criteria?
    - UWSN will contact Palms Casino Resort Human Resources via email to confirm eligibility – responses from the Human Resources department are strictly confidential and will not be shared with other Team Members who are members of management. Standard questions to ask Human Resources about the applicant may include:

- Is the applicant a full time or part time Team Member?
- Number of hours worked on average per week?
- Has the applicant completed their introductory period?
- Is the applicant on personal leave?
- Is the applicant on probation/disciplinary action?
- Check that the application is complete and that all the supportive documentation such as utility bills and rental agreements (if applicable) are attached.
- If the application is incomplete, UWSN will contact the applicant to obtain documentation and other additional information pertaining to the individual case.

5. UWSN presents the case and makes a funding decision.

- If the application is complete, the case is presented to the Emergency Relief Fund Committee within three business days. If necessary, UWSN staff will contact the applicant to obtain additional information if requested by the committee.
  - Summary of the case is presented to committee including the financial request and whether the applicant meets all criteria
- A majority decision by the committee is required to approve, deny, or amend a relief request.
- The decision of the committee is final.

6. UWSN processes relief package and notifies the applicant.

- UWSN will provide notification of the decision (approval or denial).
  - If the application is approved, UWSN staff processes a completed package, including the following materials:
    - Application from Team Member, invoices (bills) with W-9, check requests for each individual bill.
    - A copy of the email sent to the organization to confirm employment verification.
    - Check requests are submitted to finance and final payment is distributed to approved vendors, typically within two business days.
  - If the application is denied, UWSN will send an email notifying the applicant as to why they did not meet the criteria to receive relief assistance.



**PALMS CARES TEAM MEMBER EMERGENCY RELIEF FUND CONFIDENTIAL  
APPLICATION FOR ASSISTANCE**

- Please TYPE or PRINT clearly.
- In order for this request to be processed, you must attach copies of supporting documents as described below. Missing documents will delay the processing of your application.

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Team Member Name: \_\_\_\_\_

Team Member ID #: \_\_\_\_\_ Department: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Current status with Palms Casino Resort (*please check one*): Full time  Part time

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

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

Preferred choice and preferred times to contact (Please note contact will be from 9:00 a.m. to 5:00 p.m. Pacific Time):

Email  Home Phone (time) \_\_\_\_\_  Work Phone (time): \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: Married Single Divorced Domestic Partnership

Number of children: \_\_\_\_\_

What are the ages of the children living at the above address? \_\_\_\_\_

Do you have any disabilities relevant to this application? If so, please note here: \_\_\_\_\_

Reason for financial need: \_\_\_\_\_

Describe the details of your situation: (*use back of page, if necessary, to describe hardship in detail; feel free to attach additional sheets*)

**Amounts Requested:** (\$1,500 is the maximum amount that may be granted per Team Member during a 12-month period.)

\$ \_\_\_\_\_ Payable to: \_\_\_\_\_

Mail the payment to vendor or  UWSN will call you when the check is ready to pick up

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\$ \_\_\_\_\_ Payable to: \_\_\_\_\_

Mail the payment to vendor or  UWSN will call you when the check is ready to pick up

1. Please remember to submit a copy of the bill, to be mailed with your payment
2. Please remember to give us your current contact information

For this request to be considered by UWSN, you **must attach copies of supporting documents** confirming assistance needed, such as *eviction notices, shut-off notices, medical or utility bills, past-due invoices, payment plans, etc.*

If the bill is being paid to anyone other than a Corporation (i.e. generally rent to a landlord), you **must obtain and include a Form W-9** (Taxpayer ID), so that UWSN can issue a 1099 to the individual, per IRS regulations.

Have you requested help from other sources? (*Churches, charities, public assistance, NV 2-1-1, etc.*) If so, please list:

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Do you give permission for Palms Casino Resort to provide United Way of Southern Nevada with your Team Member-related information that is relevant to this Application for Assistance, including confirmation of your hire date, your current employment status, your health/medical benefits, your personal leave status (if applicable), and your IRS Form W-2 for your most recent tax year? As with all other information found in this Application for Assistance and documentation required to be provided with this Application for Assistance, UWSN will only use such information to evaluate this Application for Assistance and will not share such information with any third party.

Yes

No

*By signing below, I acknowledge that all of the information provided in this Application for Assistance is true and complete.*

**Team Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

How many additional sheets are being submitted with this application? \_\_\_\_\_

## Team Member Emergency Relief Fund – Financial Statement

### Monthly Income & Assets (Use Current Account Balances)

Team Member Pay \* \_\_\_\_\_  
Spouse Pay\* \_\_\_\_\_  
Other Income \_\_\_\_\_  
Checking Account(s) \_\_\_\_\_  
Savings Account(s) \_\_\_\_\_  
401K/IRA Accounts \_\_\_\_\_  
Other Investments \_\_\_\_\_

**Total** \_\_\_\_\_

### Monthly Expenses

Mortgage/Rent \_\_\_\_\_  
Car Payment(s) \_\_\_\_\_  
Car Insurance \_\_\_\_\_  
Car, Gas, Transit Cost \_\_\_\_\_  
Utilities \_\_\_\_\_  
Childcare \_\_\_\_\_  
Groceries \_\_\_\_\_  
Other Expenses (List)  
\_\_\_\_\_  
\_\_\_\_\_

**Total** \_\_\_\_\_

\*Net after taxes and deduction – documentation required

I certify that all information provided is true to the best of my knowledge,

Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_