

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 OR	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: _____	CSEA FIELD DIRECTOR	_____	DATE
Check # _____	Amount of Assistance \$ _____		DATE
<p>RETURN TO: CSEA, Attn: Emergency Relief Program, 2045 Lundy Ave., San Jose, CA 95131 (Must be returned within thirty days of authorized payment)</p> <p>FOR OFFICE USE ONLY</p>			

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.4 **Emergency Assistance Program**

.01 **CSEA Member/Staff Assistance**

(a) **Purpose**

The Emergency Assistance Program is established to assist eligible CSEA members and staff whose primary place of residence is uninhabitable as a result of a catastrophic event (e.g., fire, earthquake, and flood) that may or may not be a federal, state, or regionally declared disaster as required in .3.03 above.

(b) **Eligibility**

- (1) Emergency assistance shall be restricted to CSEA members in good standing and any CSEA employees in a paid status.
- (2) The applicant’s primary place of residence must be deemed uninhabitable and partially or temporarily condemned by an official agency (e.g., City Fire, Police, or Building Department).

(c) **Application and Administration**

“Emergency Assistance Program” requests shall be submitted to the appropriate Field Office or the Executive Director or his/her designee within thirty (30) days of the catastrophic event. 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 employee on behalf of said eligible person.

The Field Director (or Executive Director or his/her designee, as appropriate) shall provide such verification as to the validity of said claim as may be necessary, and shall cause the necessary information to be transferred to the approved request form.

The Field Director shall confer with the Chapter President and/or Regional Representative regarding each request received and shall determine the amount of assistance to be provided to each eligible applicant. Such determination shall be based on the eligible person’s specific needs as stated in the request and the availability of funds. However, in no event shall any applicant receive more than \$1,000.