

**ASCEND Mental Wellness**  
**RICHARD AND PAULA CIPPERLY STAFF EMERGENCY ASSISTANCE FUND APPLICATION**

**The Mission of the SEA Program:**

The mission of the Richard and Paula Cipperly Staff Emergency Assistance program is to distribute funds provided to ASCEND staff to cope with unexpected hardship causing undue financial stress. This stress must affect or have the potential to affect their work performance.

These funds were originally created in January 2022 through funds received from private donors, including Glens Falls National Bank, and the Glens Falls Presbyterian Church. However, in July 2022, Richard Cipperly, widower to Paula Cipperly, who served as ASCEND's Accounting Manager for 23 years prior to her passing, committed to an annual donation to maintain these fund's sustainability for the future. While the Cipperly's have donated numerous funds throughout the years to the Amy Carpenter Scholarship Memorial Fund, as well as other causes that have transpired throughout the years, Richard felt that Paula would be so pleased that these emergency assistance funds would be utilized for staff emergencies as Paula was always concerned with how outside forces impact our staffing pay scales, especially for those on the low end of the scale.

Given their generosity and commitment to ensuring ASCEND services continue in the community by ensuring that staff's needs are taken care of as well, the fund was renamed the "Richard and Paula Cipperly Staff Emergency Assistance Fund".

**Requests Criteria:**

ASCEND staff, limited to part-time and full-time employed staff only, who have been employed at ASCEND for at least 90 days, can request up to \$500.00 per calendar year to cover a financial hardship to themselves. In lieu of a staff requesting for themselves, a staff member's supervisor can make this request with the permission of the staff person. In addition to, or in lieu of, a monetary donation, added support may be rendered by the Staff Emergency Assistance Committee (SEA) through recommendations and/or connections to community supports to assist them in their dilemma. While funds are not available for relief staff under this funding, relief staff can still apply for non-monetary assistance and/or guidance from the SEA Committee.

**Request Parameters:**

Requests for SEA funds must be directly linked to an immediate temporary financial hardship. A temporary financial hardship is one caused by a defined, time-limited, specific event, such as loss of household income, death of a family member, serious illness or injury, or a natural disaster. Long-standing financial issues (such as ongoing debt) do not meet the temporary hardship requirement.

Examples of undue hardship causing financial stresses include, but are not limited to: Medical expenses not covered by insurance but necessary for health, auto repairs on the car transporting the staff member to work that is not working, life emergencies, bed bug treatments, bereavement time (as defined in the Employee Handbook) travel expenses, etc.

**Staff Emergency Assistance Committee (SEA):**

The Staff Emergency Assistance Committee is a group of internal agency leaders vested in the wellbeing of agency staff and have the wherewithal within their role within the agency to assist as part of this group in this capacity. Members include the Director of Human Resources, the Director of Care Management Services, the Director of Restorative Residential Services, the Director of Corporate Compliance and Quality Assurance, Caleo Counseling Office Manager, and the Chief Executive Officer. Two Agency Board of Directors are also maintained as Alternates in the event a regular member(s) of SEA is unavailable to review an application. Funding decisions are at the sole discretion of the Staff Emergency Assistance Committee through a quorum vote of those in attendance for the review of applications submitted. SEA Committee members who are aware of the staff applying and the circumstances shall recuse themselves from the final vote.

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**To Request Funding:**

1. Complete SEA Application, below, which is located on the P Drive and in ADP on the startup page.
2. Email this completed SEA Application to [SEA@ASCENDMW.org](mailto:SEA@ASCENDMW.org) (Please note that only the HR Director has access to this email)
3. In order for applicants to remain anonymous through the review process, the HR Director, or designee, will conceal any identifying information on the application and submit the redacted copy to the remaining SEA committee members for review.
4. The SEA has a weekly scheduled meeting time available to review SEA applications and will review and respond as soon as possible with a decision, and/or ideas for support and services requests. The SEA decisions will be based on staff need and availability of funds, and the HR Director will not be part of the final decision of funding. In the event the HR Director is away from work for an extended period of three business days or more, their duties as they relate to this process will be temporarily assigned to another member of the SEA and anonymity will be maintained for the staff applicant.
5. The HR Director, or designee, will communicate the SEA's decision for funding and/or recommended resources to the staff applicant.

**Funding for SEA is provided by generous donations of Community Members or Businesses.  
Employees of ASCEND can contribute to this fund.**

**Any amount, no matter how small, helps us to keep a good thing going.**

**Thank you.**

**SECTION 1: Demographics**

Date of Request: \_\_\_\_\_ Date Funds and/or Services Needed by: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

ASCEND Employee Number (please refer to your employee badge or ADP to locate this): \_\_\_\_\_

Employee Current Status (please check one): ☐ Full Time ☐ Part Time ☐ Relief

Best phone number and/or email to reach employee: \_\_\_\_\_

**SECTION 2: Request**

What type is the request: (please check one): ☐ Monetary ☐ Services ☐ Both Monetary and Services

\*\*NOTE: Relief staff are only able to select "Services" at this time.

If this is a monetary request, how much money are you requesting (must be \$500.00 or less): \_\_\_\_\_

\*\*Note: Employees requesting financial support will be required to provide a receipt(s) for whatever the money was funded for, or the agency will cut a check to the named entity noted below.

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**SECTION 3: Monetary Request ONLY (complete if requesting only money or both money and services above)**

**Please provide a narrative of the situation for which the funding is being requested.**

**\*\*Please note that all information is kept confidential, and any transaction is strictly kept between the requestor and the Staff Emergency Assistance Fund Committee (SEA). Requesting aid will in no way affect a staff member's job function in the agency and/or result in any retribution in any form. These supports were created to aid staff experiencing undue and uncontrollable hardships that have led to or may lead to compromised work performance and mental wellness.**

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**Please describe how this situation is harming the employee's mental well-being and/or ability to work:**

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**As these monies are only granted as the last resort, please share what avenues you have tried to resolve this issue and the outcome of those attempts.**

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**If the monies requested are granted, who or what entity would a check need to be made payable to:**  
(please provide name, address, and phone number)?

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**SECTION 3: Services Request (complete if requesting services or both money and services above)**

**Please provide a narrative of the situation for which services support/guidance is being sought.**

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**SECTION 4: Signatures**

**By completing and submitting this form, the employee understands that a Committee (the Staff Emergency Assistance Committee) will be reviewing all information and that the employee agrees to open communication with SEA to obtain assistance.**

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(signature of employee)	(date of signature)

**NEXT STEP:** Please EMAIL this form to [SEA@ASCENDMW.org](mailto:SEA@ASCENDMW.org)