



Employee Assistance for Catastrophic Loss Application user guide

Creating an account and submitting an application

<https://www.grantinterface.com/Home/Login?urlkey=gnofscholarship>

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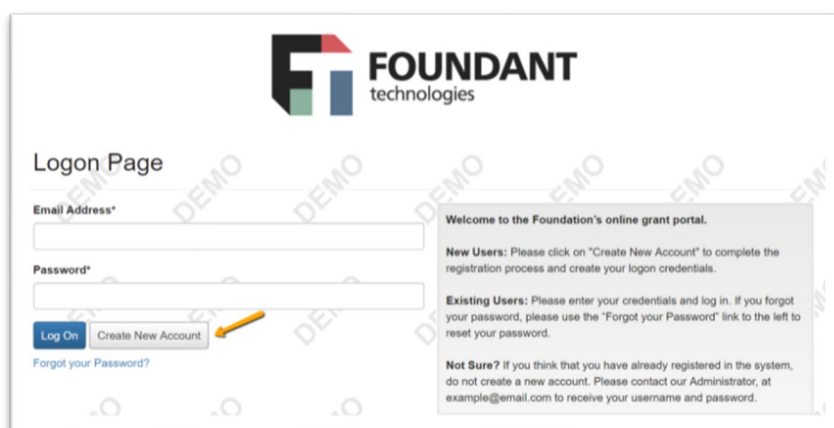
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LCMC Health Employee Assistance for Catastrophic Loss

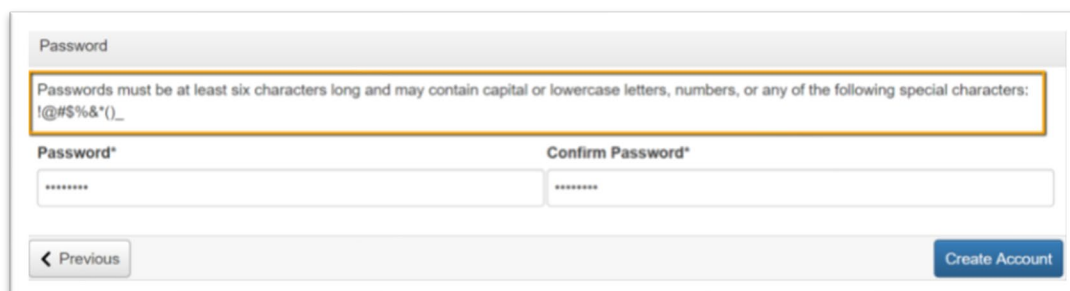
Application User Guide

Registration

1. Access the Employee Assistance for Catastrophic Loss Application at <https://www.grantinterface.com/Home/Logon?urlkey=gnofscholarship>
2. If this is your first time logging into the site, click **Create New Account**.

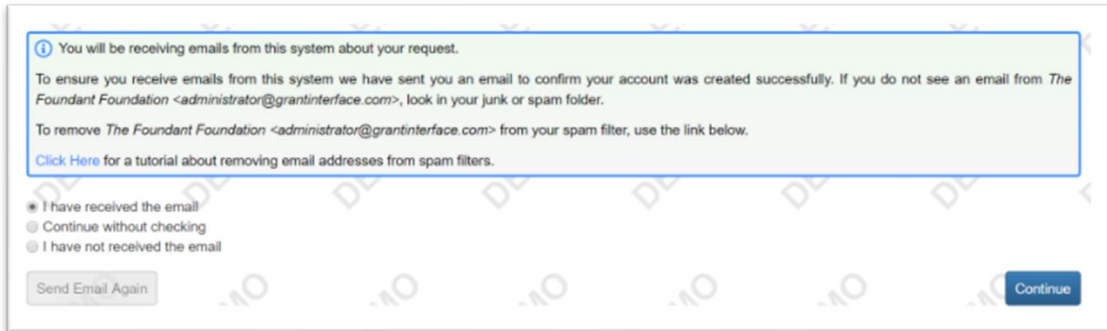


3. You will land on the *Registration* Page. Any fields with an asterisk are required.
 - a. After completing the fields on this page, click **Next**.
4. Create a password. Requirements for the password are listed above the text boxes.



5. Click **Create Account** to finish registration.

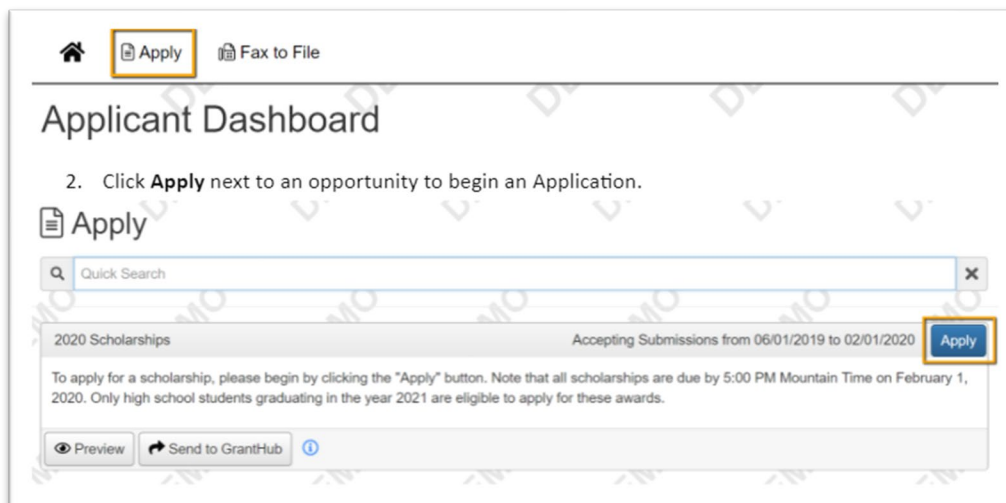
6. The next page asks you to confirm that you've received a confirmation email. Follow the instructions on that page before moving forward.
 - a. This step is important to make sure that you can receive other emails about your award application and possible award.

A screenshot of a web page for email confirmation. It features a light green box with instructions: "You will be receiving emails from this system about your request. To ensure you receive emails from this system we have sent you an email to confirm your account was created successfully. If you do not see an email from The Foundant Foundation <administrator@grantinterface.com>, look in your junk or spam folder. To remove The Foundant Foundation <administrator@grantinterface.com> from your spam filter, use the link below. Click Here for a tutorial about removing email addresses from spam filters." Below this box are three radio buttons: "I have received the email" (selected), "Continue without checking", and "I have not received the email". At the bottom left is a "Send Email Again" button, and at the bottom right is a blue "Continue" button.

- b. Click **Continue** after following the instructions.
7. Now that you've created your account, when you visit the site again you can enter your email address and password, then click **Logon**.
 - a. If you forget your password, the *Forgot your Password* link will step you through resetting it.

Applying

1. After logging into the site, click **Apply** in the top navigation bar to view open opportunities.

A screenshot of the "Applicant Dashboard" on a website. The top navigation bar includes a home icon, an "Apply" button (highlighted with a yellow box), and a "Fax to File" icon. Below the navigation bar is the heading "Applicant Dashboard". A numbered instruction "2. Click **Apply** next to an opportunity to begin an Application." is followed by a document icon and the word "Apply". Below this is a "Quick Search" input field. A section titled "2020 Scholarships" shows the dates "Accepting Submissions from 06/01/2019 to 02/01/2020" and an "Apply" button (highlighted with a yellow box). A paragraph of text provides instructions for applying for a scholarship. At the bottom are buttons for "Preview", "Send to GrantHub", and an information icon.

2. Click **Apply** Next to LCMC Health Employee Assistance for Catastrophic Loss to begin an Application.

LCMC Health Employee Assistance for Catastrophic Loss Program

Accepting Submissions from 10/12/2021 to 12/17/2021

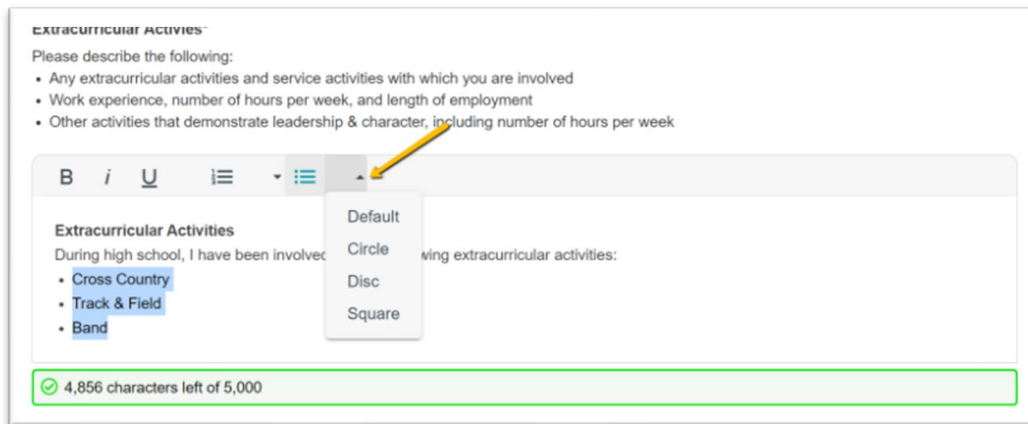
Apply

In order to be eligible to receive assistance through the Employee Assistance Program, you must be currently **employed by LCMC Health at the time of the application award payment, full time or part time LCMC Health employee**, have a household income that is less than or equal to \$120,000, AND experienced uncovered losses related to Hurricane Ida that equal or exceed \$5,000 for those with household income below \$40,000 or experienced uncovered losses related to Hurricane Ida that equal or exceed \$10,000 for those with household income between \$40,000 and \$120,000.

Preview

3. You will see the Application due date listed at the top of this form.
 - a. Please be aware that you will not be able to submit your Application after the deadline of 11:59 pm CST December 17, 2021.
4. Fill out the Application form. Any questions with an asterisk next to them are required.
 - a. Questions with character limits will show an error message if your response is over the limit.
 - i. You will need to shorten your response to fit within the limit before you can submit your Application.
 - b. File upload questions will only accept one file per question, and there will be a file MiB limit noted.
 - i. If you upload a file that's too large a warning will appear, and your file will not be saved.
 - c. For some text questions, you might see a rich text editor bar. This allows you to add formatting to your response. If you're copying and pasting text from a Word document, it will also allow you to keep most formatting from Word.
 - i. Click a button in the editor (e.g., the B button for bold text) and then type. The formatting will be applied to the text that you type (e.g. the text you type will be bold).
 1. Click the button in the editor again to stop using that formatting when you continue typing.
 - ii. Highlight existing text and then click a button in the editor. The formatting will be applied to the highlighted text.
 - iii. Highlight existing text and click the button in the editor again to remove the formatting.

- iv. When adding a numbered or bulleted list, click the arrow next to the list button to view additional formatting options.



EXTRACURRICULAR ACTIVITIES
Please describe the following:

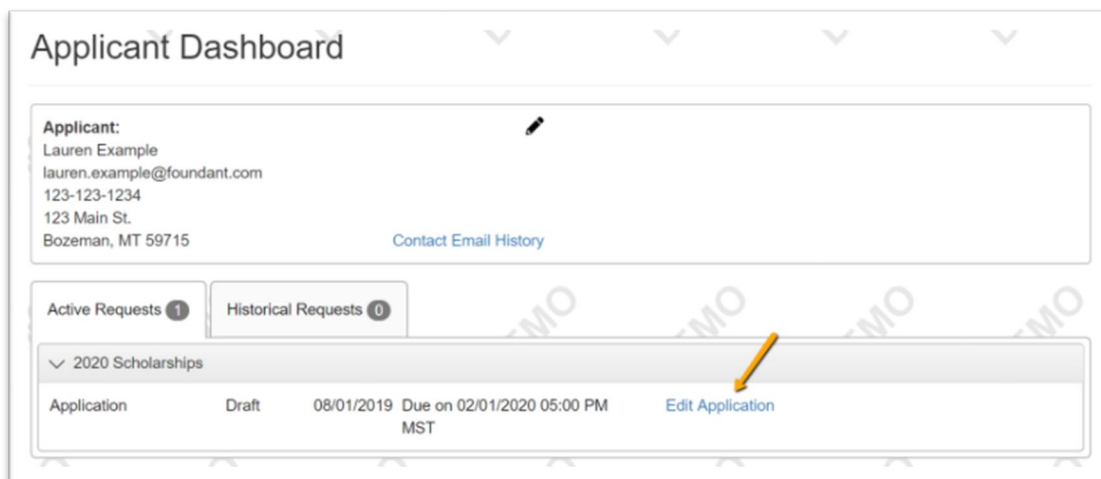
- Any extracurricular activities and service activities with which you are involved
- Work experience, number of hours per week, and length of employment
- Other activities that demonstrate leadership & character, including number of hours per week

During high school, I have been involved in the following extracurricular activities:

- Cross Country
- Track & Field
- Band

4,856 characters left of 5,000

5. The system will autosave your work on the Application after every 100 characters you type or when you click in the next question. You can also click **Save** if you need to leave the site before you're done.
- a. When you return to the site, click **Edit Application** from your dashboard to return to the form.



Applicant Dashboard

Applicant:
Lauren Example
lauren.example@foundant.com
123-123-1234
123 Main St.
Bozeman, MT 59715

[Contact Email History](#)

Active Requests **1** | Historical Requests **0**

2020 Scholarships

Application	Draft	08/01/2019	Due on 02/01/2020 05:00 PM MST	Edit Application

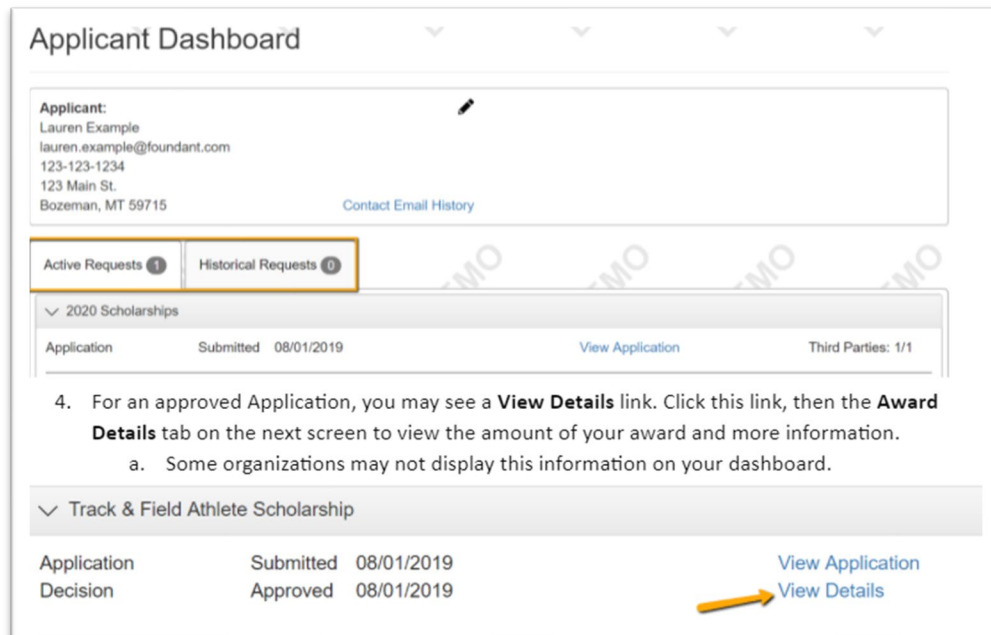
6. Once you're finished with the application, click **Submit**.
- a. If you have not completed all required questions, the system will let you know which questions you missed.
- i. All required questions must be completed to submit the application.
- b. **After submitting an Application, you can view it but you cannot make edits.**

Your Dashboard

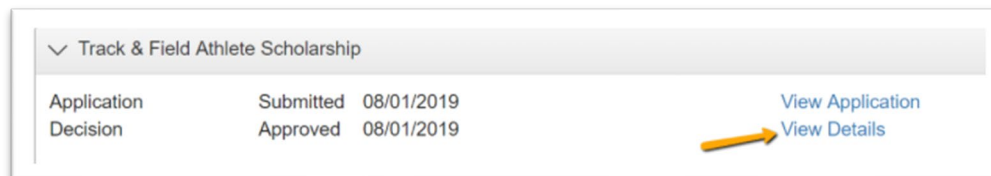
1. When you logon to the site, you'll land on your dashboard. You can always get back here by clicking the **Home Icon** in the upper navigation bar.



2. You'll see two tabs on your dashboard. The *Historical* tab will contain your Applications once they are no longer open or active.
3. You'll see your Application in the *Active* tab as long as you're still working on it, or if your Application hasn't been approved or denied.



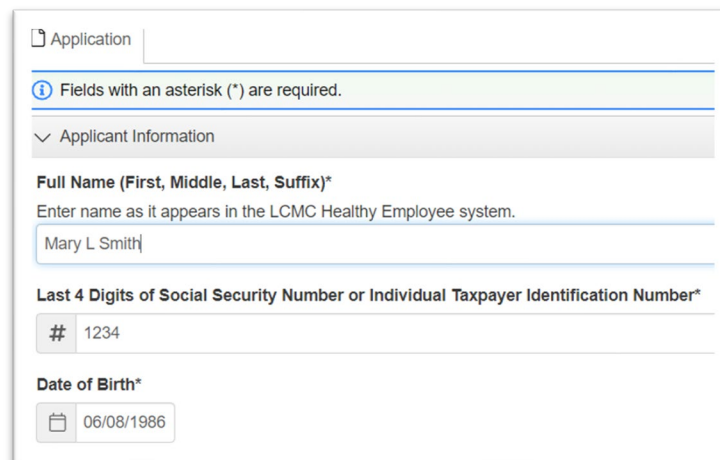
4. For an approved Application, you may see a **View Details** link. Click this link, then the **Award Details** tab on the next screen to view the amount of your award and more information.
 - a. Some organizations may not display this information on your dashboard.



Completing the LCMC Application

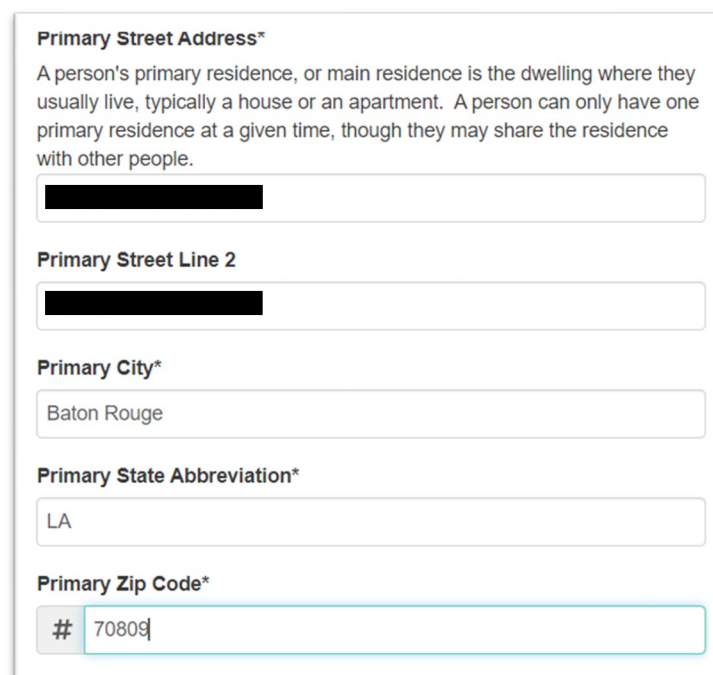
Applicant Information

1. In the *Applicant Information* section, enter your full name as it appears in the LCMC Healthy Employee System, the last 4 digits of your Social Security Number or Individual Taxpayer Identification Number (ITIN), and Date of Birth (mm/dd/yyyy).



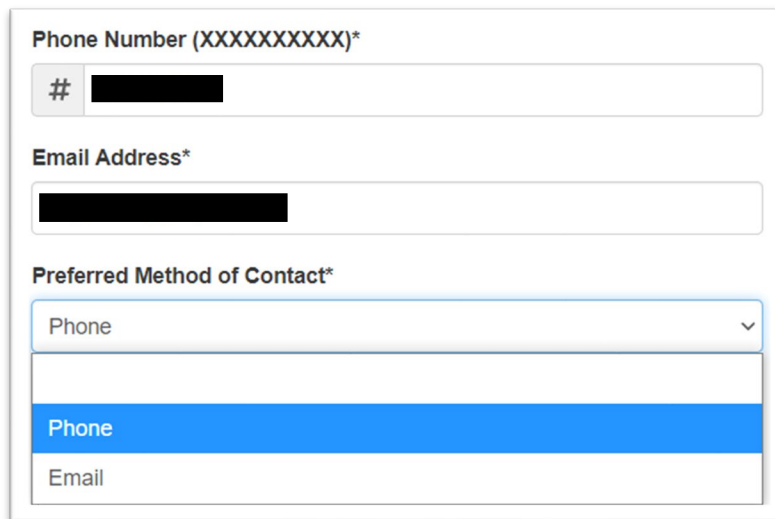
The screenshot shows a web form titled "Application". Below the title is a blue banner with an information icon and the text "Fields with an asterisk (*) are required." Below this is a section header "Applicant Information" with a downward arrow. The form contains three fields: "Full Name (First, Middle, Last, Suffix)*" with the instruction "Enter name as it appears in the LCMC Healthy Employee system." and the value "Mary L Smith"; "Last 4 Digits of Social Security Number or Individual Taxpayer Identification Number*" with a label "#", a small input field containing "1234", and a larger empty input field; and "Date of Birth*" with a calendar icon and the value "06/08/1986".

2. Enter your primary street address. This should be your main residence where you usually live. A person can only have one primary residence at a given time, though they may share the residence with other people. P.O. Boxes cannot be used in this field.



The screenshot shows a section titled "Primary Street Address*" with a descriptive paragraph: "A person's primary residence, or main residence is the dwelling where they usually live, typically a house or an apartment. A person can only have one primary residence at a given time, though they may share the residence with other people." Below this are two input fields for "Primary Street Line 1" and "Primary Street Line 2", both containing blacked-out text. Below these are three more input fields: "Primary City*" with the value "Baton Rouge", "Primary State Abbreviation*" with the value "LA", and "Primary Zip Code*" with a label "#", a small input field containing "70809", and a larger empty input field.

3. Include your phone number (without parentheses or dashes) and email address where you will receive communication. From the drop-down menu, please select your preferred method of contact: phone or email.
 - a. Please ensure you are entering a valid email address that is regularly checked. All program communications will be sent to this email including information about your award application and possible award.



A form with three sections. The first section is titled 'Phone Number (XXXXXXXXXX)*' and contains a text input field with a '#' icon and a blacked-out number. The second section is titled 'Email Address*' and contains a text input field with a blacked-out email address. The third section is titled 'Preferred Method of Contact*' and contains a dropdown menu with 'Phone' selected and highlighted in blue. Below the dropdown are two more options: 'Phone' and 'Email'.

Phone Number (XXXXXXXXXX)*

[Redacted]

Email Address*

[Redacted]

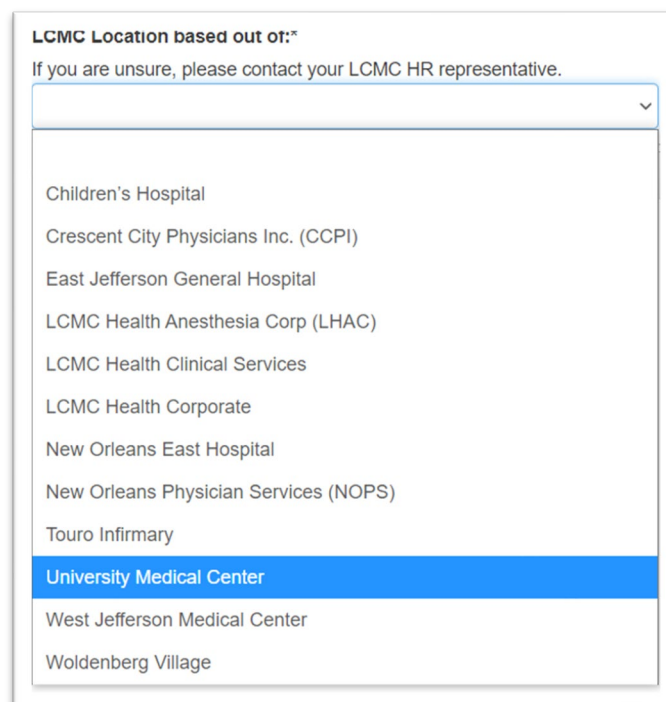
Preferred Method of Contact*

Phone

Phone

Email

4. From the next drop-down menu, choose the LCMC location you are based out of. If you are unsure, please contact your LCMC HR representative.



A form with a dropdown menu titled 'LCMC Location based out of:*'. Below the title is a note: 'If you are unsure, please contact your LCMC HR representative.' The dropdown menu is open, showing a list of LCMC locations. 'University Medical Center' is selected and highlighted in blue.

LCMC Location based out of:*

If you are unsure, please contact your LCMC HR representative.

[Redacted]

Children's Hospital

Crescent City Physicians Inc. (CCPI)

East Jefferson General Hospital

LCMC Health Anesthesia Corp (LHAC)

LCMC Health Clinical Services

LCMC Health Corporate

New Orleans East Hospital

New Orleans Physician Services (NOPS)

Touro Infirmary

University Medical Center

West Jefferson Medical Center

Woldenberg Village

Eligibility Section

1. In the *Eligibility Section*, answer the questions accurately with the provided drop down menus.

▼ Eligibility Section

Did you suffer severe financial hardship caused by Hurricane Ida that was unexpected & unavoidable?

▼

In order to be eligible to receive assistance through the Employee Assistance Program, you must be currently employed by LCMC Health at the time of the application award payment, full time or part time LCMC Health employee, have a household income that is less than or equal to \$120,000, AND experienced uncovered losses related to Hurricane Ida that equal or exceed \$5,000 for those with household income below \$40,000 or experienced uncovered losses related to Hurricane Ida that equal or exceed \$10,000 for those with household income between \$40,000 and \$120,000.

Are you currently employed by LCMC Health?*

Yes ▼

Are you employed full time or part time by LCMC Health?*

Full Time ▼

Do you have a household income that is less than or equal to \$120,000?*

Yes ▼

If your household income is below \$40,000*

Did you experience uncovered losses related to Hurricane Ida that equal or exceed \$5,000?

Not Applicable ▼

If your household income is between \$40,000 and \$120,000*

Did you experience uncovered losses related to Hurricane Ida that equal or exceed \$10,000?

Yes ▼

Enter your annual income for 2020.*

\$ 40,000.00

Enter your annual household income for 2020.*

Total annual household income is the total income for all adult household members over the age of 18.

\$ 85,000.00

Insurance

1. In the *Insurance* section, answer the required questions regarding homeowner's and renter's insurance. If you answer 'Yes' to having insurance during the storm, please answer the following questions. Amounts should be entered as \$xxx.xx.
 - a. Please note, applicants are required to file an insurance claim, (if applicable) unless losses do not exceed insurance deductible.

Insurance

If an applicant has homeowner's insurance or renter's insurance and the damage to the home is greater than the insurance deductible, the applicant is required to file a claim with their insurance company.

Did you have homeowner's or renter's insurance during the time of the storm, August 29, 2021?*

Yes

If "Yes", did you file an insurance claim?

Yes

If "Yes" please select the current status of your claim.

Approved

If you had homeowners or renter's insurance, please list your deductible.

\$ 6,000.00

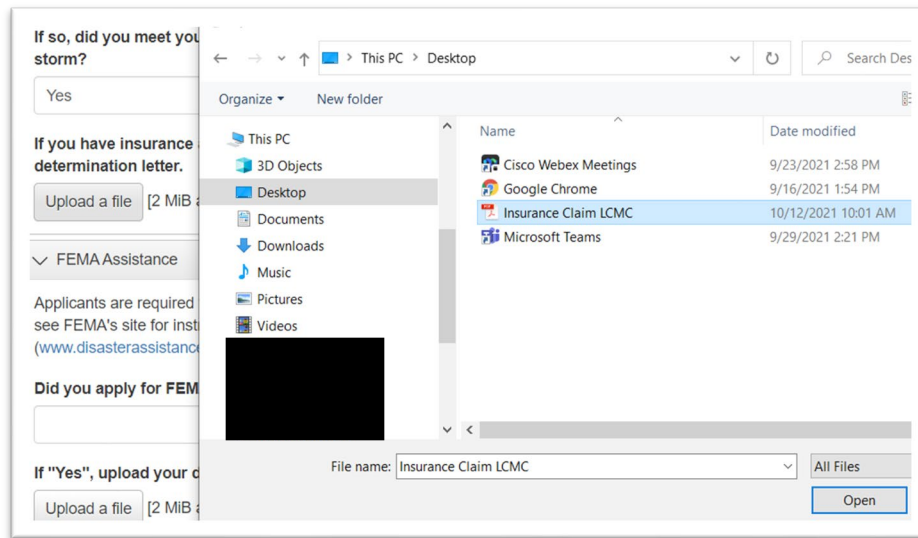
If so, did you meet your deductible with your claim associated with the storm?

Yes

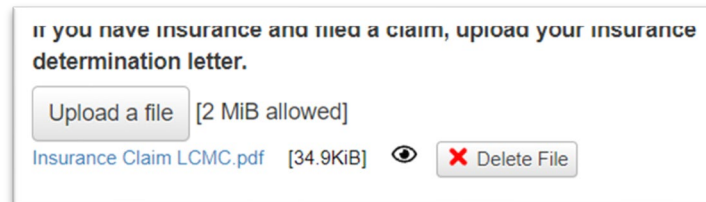
If you have insurance and filed a claim, upload your insurance determination letter.

Upload a file [2 MiB allowed]

3. Next, locate your insurance determination document. Select the correct file and click **Open**.

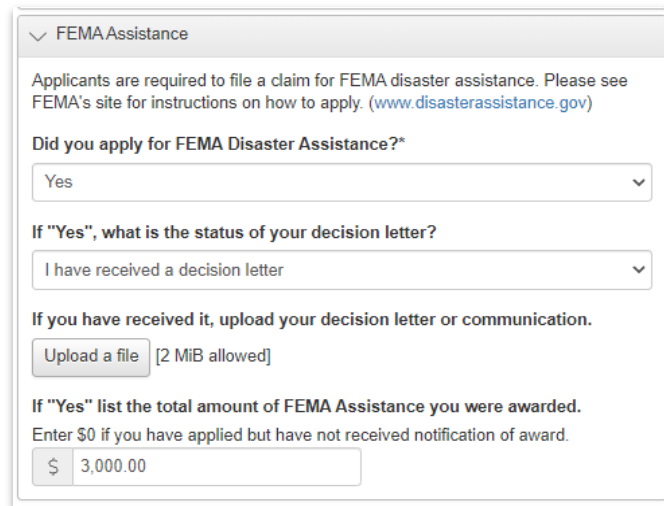


- a. Your file will appear under the **Upload a file** button. You can click on the **eye icon** to preview the file to ensure it has uploaded correctly. Click **Delete File** if you have uploaded the wrong document.



FEMA

1. In the *FEMA Assistance* section, please indicate whether you have applied for FEMA as well as the total amount you were awarded. Amounts should be entered as \$xx,xxx.xx. If you have applied for FEMA assistance but have not yet been notified of a decision and/or your award amount, you can enter \$0.



▼ FEMA Assistance

Applicants are required to file a claim for FEMA disaster assistance. Please see FEMA's site for instructions on how to apply. (www.disasterassistance.gov)

Did you apply for FEMA Disaster Assistance?*

Yes ▼

If "Yes", what is the status of your decision letter?

I have received a decision letter ▼

If you have received it, upload your decision letter or communication.

Upload a file [2 MiB allowed]

If "Yes" list the total amount of FEMA Assistance you were awarded.
Enter \$0 if you have applied but have not received notification of award.

\$ 3,000.00

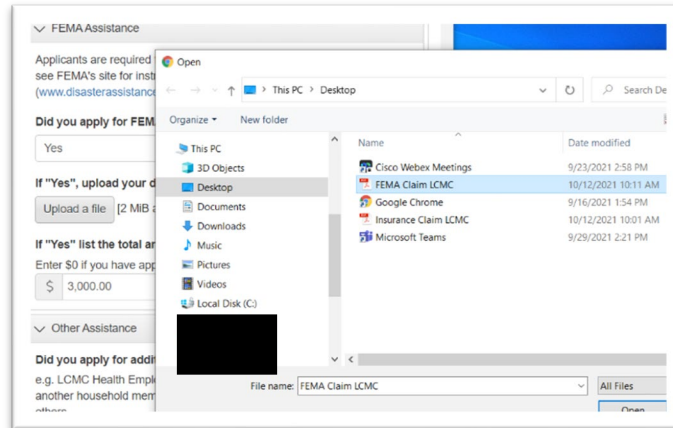
- a. To upload your FEMA decision letter or related communication, click **Upload a file**. Note: you can only upload one file. You may need to combine multiple files into one document to upload to the application.



If "Yes", upload your decision letter or communication.

Upload a file [2 MiB allowed]


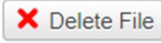
- b. Next, locate your FEMA communication document. Select the correct file and click **Open**.



- c. Your file will appear under the **Upload a file** button. You can click on the **eye icon** to preview the file to ensure it has uploaded correctly. Click **Delete File** if you have uploaded the wrong document.

If "Yes", upload your decision letter or communication.

Upload a file [2 MiB allowed]

FEMA Claim LCMC.pdf [34.6KiB]  

Other Assistance

1. In the *Other Assistance* section, please indicate if you received other support from LCMC Health, another household member's employer, city/parish assistance programs, or other sources. Amounts should be entered as \$xxx.xx.

Other Assistance

Did you apply for additional assistance?*
e.g. LCMC Health Employee Assistance program, similar program from another household member's employer, city/parish assistance program, or others.

Yes

If "Yes" list the total amount of other assistance awarded from other programs.

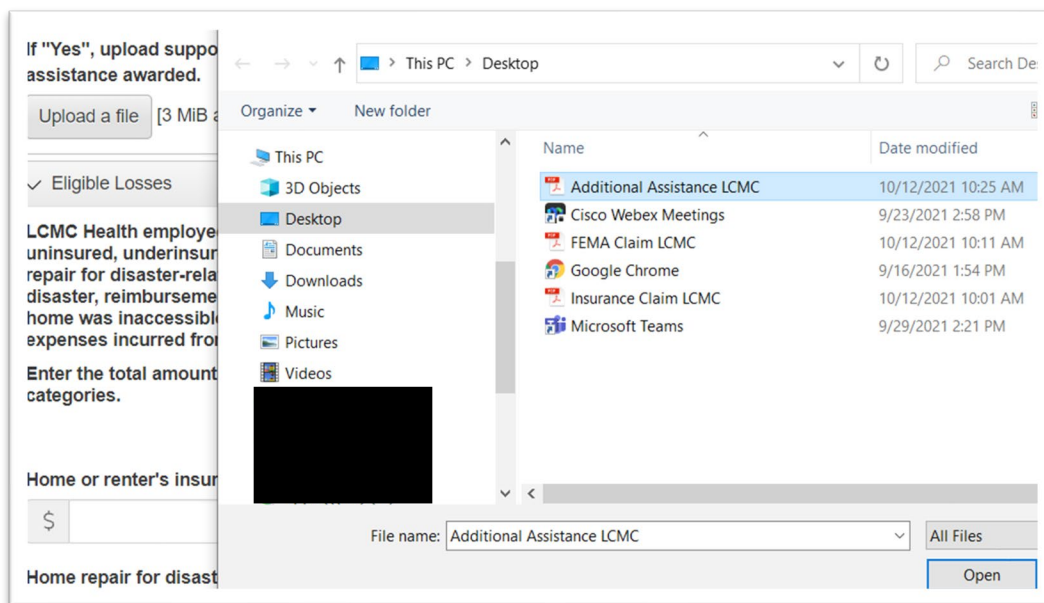
\$ 500.00

- a. If you received additional assistance, click **Upload a file** to attach your supporting documentation for this assistance. Note: you can only upload one file. You may need to combine multiple files into one document to upload to the application.

If "Yes", upload supporting documentation illustrating the additional assistance awarded.

Upload a file [3 MiB allowed]

- b. Next, locate your additional assistance supporting documentation. Select the correct file and click **Open**.



- c. Your file will appear under the **Upload a file** button. You can click on the **eye icon** to preview the file to ensure it has uploaded correctly. Click **Delete File** if you have uploaded the wrong document.

If "Yes", upload supporting documentation illustrating the additional assistance awarded.

Upload a file [3 MiB allowed]

Additional Assistance LCMC.pdf [35.0KiB]



Delete File

Eligible Losses

1. In the *Eligible Losses* section, you will be entering the eligible losses incurred from the storm by category total. Begin by entering your home or renter's insurance deductible and home repair for disaster-related damage, if applicable. Please format amounts as \$xx,xxx.xx.

Eligible Losses

LCMC Health employee assistance may be available to help pay uninsured, underinsured or unreimbursed expenses such as home repair for disaster-related damage, insurance deductible related to disaster, reimbursement for lodging expenses for individuals whose home was inaccessible or uninhabitable during the disaster, or other disaster-related needs.

Enter the total amount incurred for each of the following expense categories.

Home or renter's insurance deductible

\$ 6,000.00

Home repair for disaster-related damage

\$ 20,000.00

2. Next, indicate if you relocated during the storm and are seeking reimbursement for relocation related expenses. Enter the mileage to the city you evacuated to as well as the City and State to which you relocated.

Are you seeking reimbursement for lodging due to home being inaccessible/uninhabitable due to Ida?*

Yes

If Yes, enter the mileage traveled to your relocation destination

350

City, State to which you relocated

Houston, Texas

- a. Indicate the number of household members who relocated with you and the number of rooms occupied by the relocated household members. This should be the number of primary residents living in the damaged home during the disaster


and does not include non-household members who evacuated to the same location. Please enter whole numbers without decimals (i.e., 4 not 4.0).

Number of household members who relocated
Household members are primary residents of the lodging which sustained damage/was evacuated during the disaster. This should not include non-household members that evacuated to the same location.


4

- b. Enter your date of departure and return in mm/dd/yyyy format. If you have not yet returned, please indicate an anticipated date of return.

If your house was inaccessible or uninhabitable, enter the date of departure.

 08/27/2021

If your house was inaccessible or uninhabitable, enter the date of return.
If you have not returned, enter your anticipated date of return.



 09/10/2021

3. Enter a total amount for any other disaster-related expense needs (not including medical expenses) incurred from this disaster, if applicable. If you have entered an amount for other disaster-related amounts, please describe these other expenses in detail.

Other disaster-related expense needs, not including medical expenses
\$ 1,275.00


Please provide documentation for Other Disaster-Related Expenses

Upload a file [3 MiB allowed]

[Other Disaster Claims LCMC.pdf](#) [182.9 KiB]   Delete File

If you entered an amount for Other Disaster Expense Needs, please describe these other expenses.

Insert explanation of other disaster expenses here

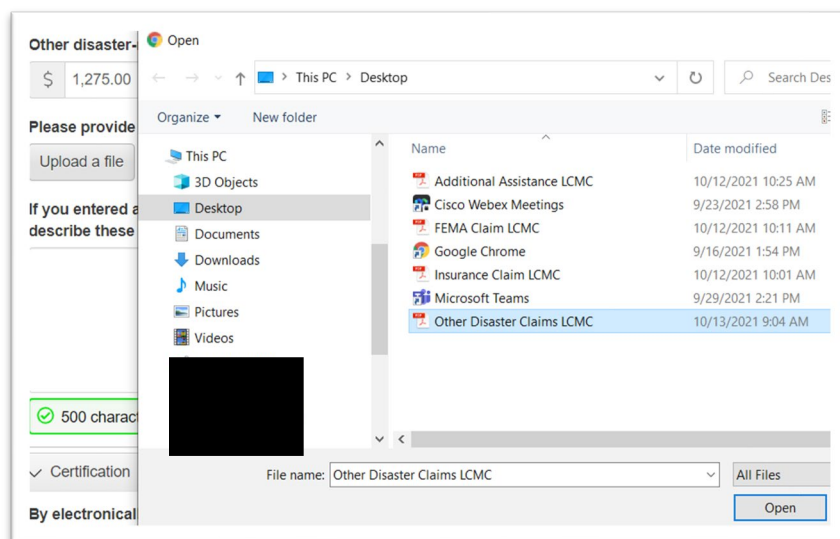
 449 characters left of 500

4. To upload your other disaster related eligible losses documentation, click **Upload a file**.
Note: you can only upload one file. You may need to combine multiple files for all of your eligible losses into one document to upload to the application.

Please provide documentation for Other Disaster-Related Expenses

Upload a file [3 MiB allowed]


- a. Next, locate your eligible losses supporting documentation. Select the correct file and click **Open**.



- b. Your file will appear under the **Upload a file** button. You can click on the **eye icon** to preview the file to ensure it has uploaded correctly. Click **Delete File** if you have uploaded the wrong document.

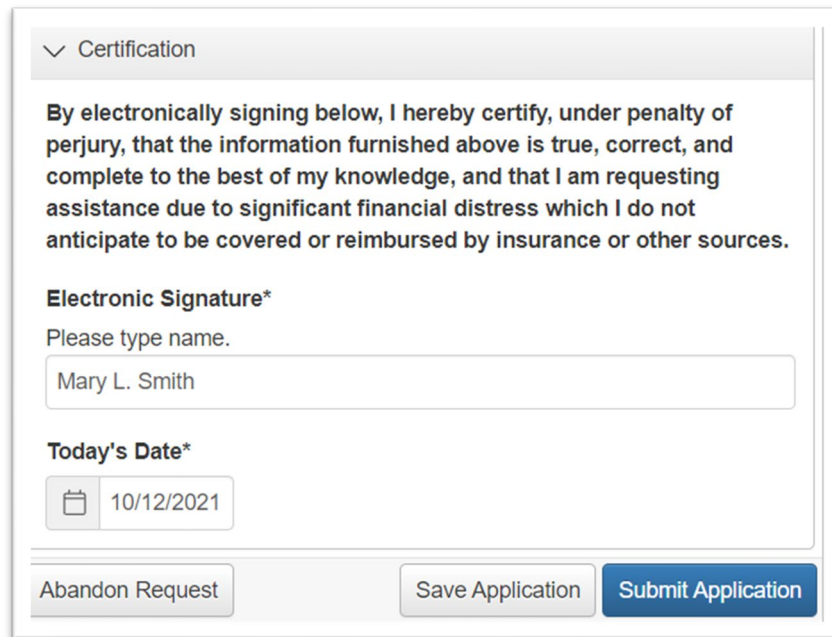
Please provide documentation for Other Disaster-Related Expenses

Upload a file [3 MiB allowed]

Other Disaster Claims LCMC.pdf [182.9KiB]  

Certification

1. When you have completed all of the questions and uploaded all of your supporting documentation, you may type in your full name as an electronic signature. Click **Submit Application** to submit application for review. If you wish to start a new application from scratch, click **Abandon Request**.



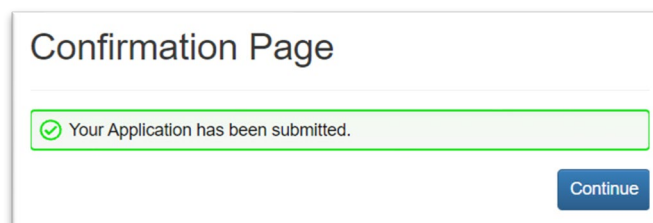
▼ Certification

By electronically signing below, I hereby certify, under penalty of perjury, that the information furnished above is true, correct, and complete to the best of my knowledge, and that I am requesting assistance due to significant financial distress which I do not anticipate to be covered or reimbursed by insurance or other sources.

Electronic Signature*
Please type name.

Today's Date*

- a. Applications cannot be edited once they have been submitted. Please ensure you have answered all questions accurately and uploaded all documentation prior to hitting **Submit Application**.
 - b. If you need to upload additional documents after you have submitted your application, please email your local HR representative or your application reviewer, if applicable.
2. Once your form has been successfully submitted, you will land on a Confirmation page.



Confirmation Page

✓ Your Application has been submitted.

3. Click **Continue**. This will take you back to your **Applicant Dashboard**. You will see the status of your application here, which will remain undecided until it has been reviewed and a determination has been made

Active Requests **1** Historical Requests **0**

▼ Mary L Smith

Process: LCMC Health Employee Assistance for Catastrophic Loss Program

Application	Submitted	10/12/2021	View Application
Decision	Undecided		

4. From here, you can click **View Application** to download the Application Packet you submitted, view the documents you uploaded, or view the entire question list.

Document Viewer Application Packet Question List

Application

Fields with an asterisk (*) are required.

▼ Applicant Information

Full Name (First, Middle, Last, Suffix)*
Enter name as it appears in the LCMC Healthy Employee system.

Mary L Smith