

# **The Communications Workers of America Disaster Relief Fund**

***“In a Members’ Time of Need”***



***501 Third Street, N.W.  
Washington DC, 20001***

# CWA Disaster Relief Fund

## MEMBER HANDBOOK

### Purpose:

The CWA Disaster Relief Fund is a compassion fund and its sole purpose is to assist members who experience a financial hardship due to a natural disaster as declared by FEMA. The Fund will provide the member with a subsidy based on their essential losses associated with their primary home. In the case of a declared total loss the benefit can be expedited for immediate aid. This program is a benefit of being a CWA member.

### Eligible Disasters

The Fund is only applicable to FEMA declared disasters. To locate if the applicants home has been identified in a declared area visit: <http://www.fema.gov/news/disasters.fema>.

The application must include:

- Name of storm or event
- Date FEMA declared the disaster



### Deadline for Submitting Application

Members and their local have six (6) months from the date of the disaster declaration to file the Disaster Relief Fund application with the District staff assigned to the Disaster Relief Fund.

If a member receives correspondence from the District staff that the application is incomplete, the member and their local have 30 days from receipt to resubmit to the District; otherwise the file will be closed.

Applications must be received at CWA Headquarters no later than eight (8) months from the date FEMA declaration. Applications more than eight (8) months from the FEMA declaration will not be processed.

## **Who is Eligible?**

- A dues-paying CWA member in good standing
- Retired CWA member actively paying full dues to local

## **Application Process**

The CWA Disaster Relief Fund is not designed to be an immediate source of financial relief unless the member has experienced a total loss as declared by FEMA or their insurance company.

### *Member*

- Determine if the event qualifies under FEMA aid
- File claim with FEMA and Insurance companies
- Upon receipt of notification from FEMA and Insurance Company, identify essential items for which FEMA did not provide aid.
- Complete the CWA Disaster Relief Fund application with all information requested including:
  - Copies of FEMA application and determination, copies of insurance claims and determination.
    - If essential repairs to home are needed, estimates/bids must be enclosed.
    - Aid must be for primary home, vacation, rental, or other properties not eligible.

### *Local*

- Verify member in good standing at the time of the disaster.
- Review application for completeness. Incomplete application should be returned to the member to resubmit. If needed, the Local may request a site visit to gain a better understanding of the member's situation.
- The Local President must sign off on the application and forward to the District CWA Staff Representative assigned to the Disaster Relief Fund.

### *District*

- Review application for completeness
- Confirm that only essential items are listed for aid
- Sign and forward to CWA HQ Disaster Relief Fund Coordinator

## What is Covered

In the event of total loss, the CWA Disaster Relief Fund may with documentation, provide the maximum benefit of \$1,000.

Only essential items and damages to essential parts of your primary home are eligible for aid.

## Items NOT Covered

- Recovery or clean up items
- Batteries
- TV, DVD, VCR, Electronics, Computers,
- Couch
- Love Seat
- Area Rugs
- Cars
- Car Damage
- Hotel
- Gas
- Living Room
- Family Room
- Dish Washer
- Mortgage
- Toys
- Bikes
- RV's
- Generators
- Medication
- Non- primary home(s)

**This list and the values represented are subject to change without notice.**

New Submit Date		Local #	
Resubmit Date			

## CWA Disaster Relief Fund Request Application

The CWA Disaster Relief Fund is a compassion fund and its sole purpose is to assist members who experience a financial hardship due to a natural disaster as declared by FEMA. The Fund will provide the member with aid based on essential losses associated with a primary residence. In the case of a declared total loss the benefit can be expedited for immediate aid. This program is a benefit of being a CWA member.

**Please Print**

<b>Name of Disaster</b>	<b>Date of FEMA Declaration</b>
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Member Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Social Security # \_\_\_\_\_ (For purposes of membership validation)

1. Single \_\_\_\_\_ Married \_\_\_\_\_

DEPENDENT NAME	RELATIONSHIP	AGE

2. Damaged Primary Residence: Owned \_\_\_\_\_ Rented \_\_\_\_\_  
 Totaled: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, Insurance /FEMA documentation required)

Is this your primary residence? Yes \_\_\_\_\_ No \_\_\_\_\_

3. List Insurance Companies to which claims were made:

NAME OF COMPANY	POLICY NUMBER

4. Was it necessary to obtain temporary residence elsewhere?  
 No \_\_\_\_\_ Yes \_\_\_\_\_ For how long? \_\_\_\_\_

5. List the **essential items** for which you still need our assistance if conditions permit: (If need additional space, please attach to form)

ESSENTIAL ITEM	VALUE MUST STATE	AMOUNT REIMBURSED BY INSURANCE	STAFF USE ONLY

6. Did you apply for federal aid? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the result?


**(Must attach supporting documents)**

7. List the **essential damages** to your property below.

PART OF PROPERTY	ESTIMATE FOR REPAIR/ REPLACEMENT	SUBMITTED TO INSURANCE (Please check box)	AMOUNT REIMBURSED BY INSURANCE	STAFF USE ONLY
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

**Member:**

The Member **must** attach copies of insurance claims and dispositions.

**Please note: It is very important that you provide us with the requested information to maximize the processing of your application.**

I declare the above information is accurate and complete to the best of my knowledge.

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

Member Name Printed: \_\_\_\_\_

**Local President:**

I declare that this is a dues-paying member in good standing of my Local and I recommend this application.

Local President Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
Local President Name Printed: \_\_\_\_\_ Local: \_\_\_\_\_

Notes/Comments:


**District Staff:**

I have reviewed and verified the members' request above and recommend the member be considered for aid.

District Staff Signature:		Date:	
District Staff Name Printed:			

Notes/Comments:


**CWA Headquarters Disaster Relief Fund Coordinator:**

I have reviewed and verified the members' request above and recommend the following:

Aid Approved \$			
HQ Disaster Relief Fund Coordinator Signature:		Date:	
HQ Disaster Relief Fund Coordinator Name Printed:			

Notes/Comments:




## CWA HEADQUARTERS STAFF CHECKLIST:

	DATE
Log in receipt of Disaster Relief Application for Member in Excel Spreadsheet by Local/Member Name/Address/ID #/Disaster/Amount of Check/Check Mailed	
Validate Membership Status	
Validate FEMA Declared Disaster	
Calculate amount of aid	
Approve application for assistance and write check	
Forward to CWA National Secretary/Treasurers' office for two (2) signatures	
Write President Cohen cover letter to Local, copy District Vice-President and District Staff assigned to Disaster Relief Fund	
Mail check to Local President	

Revised April 28, 2009