LCMC Health

Employee Assistance for Catastrophic Loss

Application user guide

Creating an account and submitting an application

https://www.grantinterface.com/Home/Logon?urlkey=gnofscholarship

Contents

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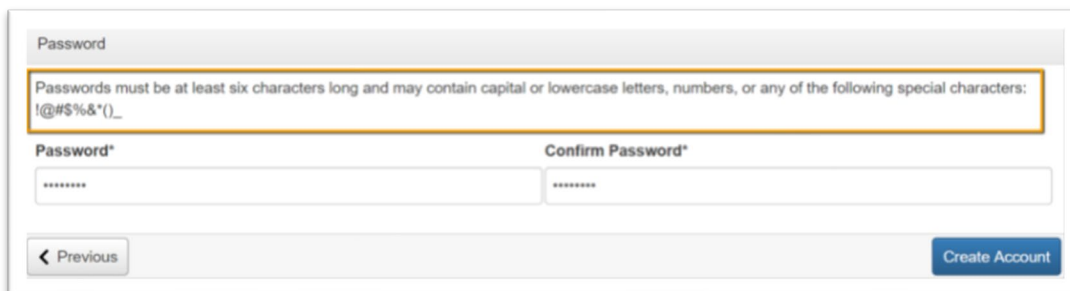
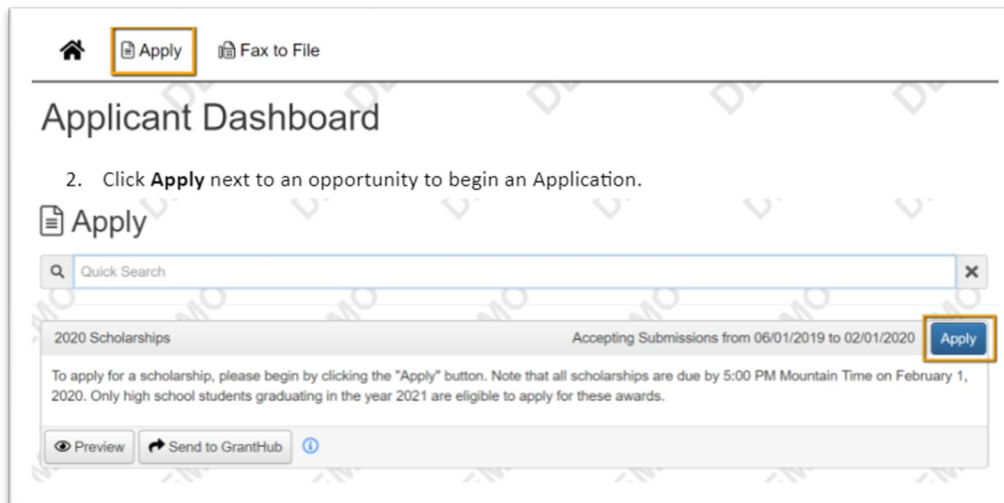5. Click **Create Account** to finish registration.

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.
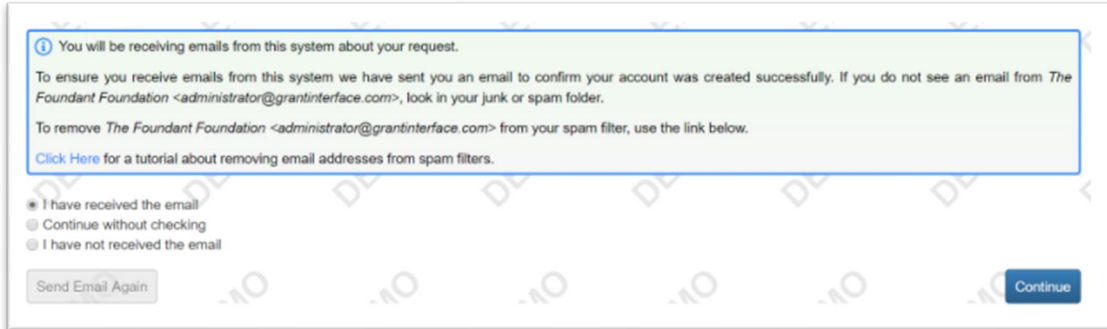
   b. Click **Continue** after following the instructions.

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.

2. Click **Apply** next to an opportunity to begin an Application.

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


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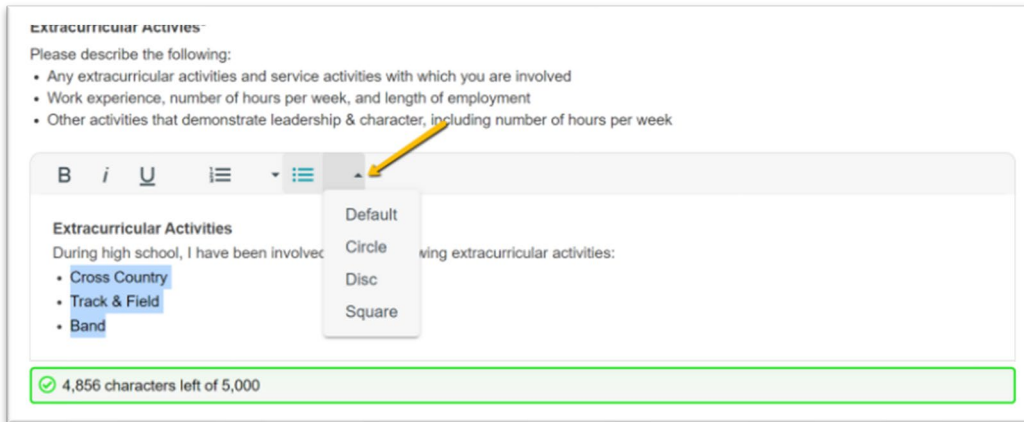
5. The system will autosave your work on the Application after every 100 characters you type or when you click in the next question. You can also click **Save** if you need to leave the site before you're done.
   a. When you return to the site, click **Edit Application** from your dashboard to return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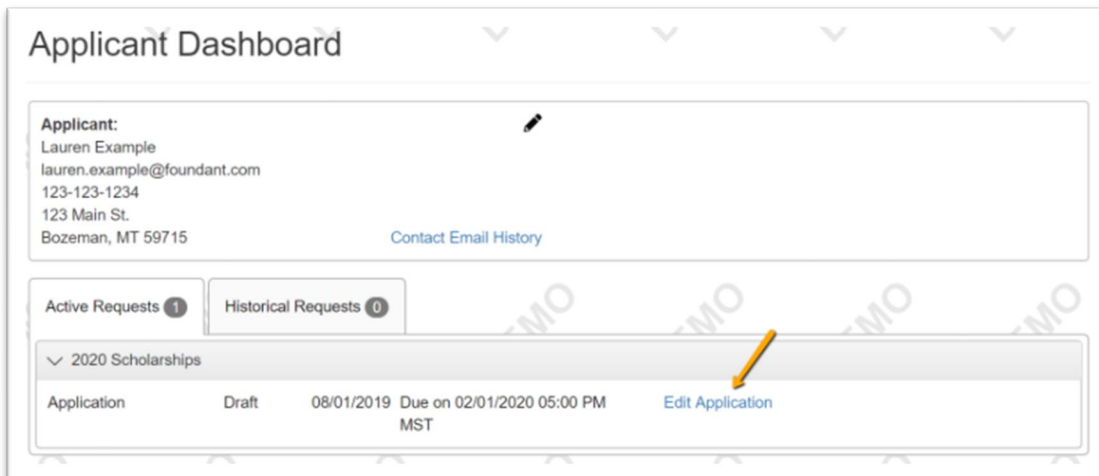

6. Once you're finished with the application, click **Submit.**
   a. If you have not completed all required questions, the system will let you know which questions you missed.
      i. All required questions must be completed to submit the application.
   b. **After submitting an Application, you can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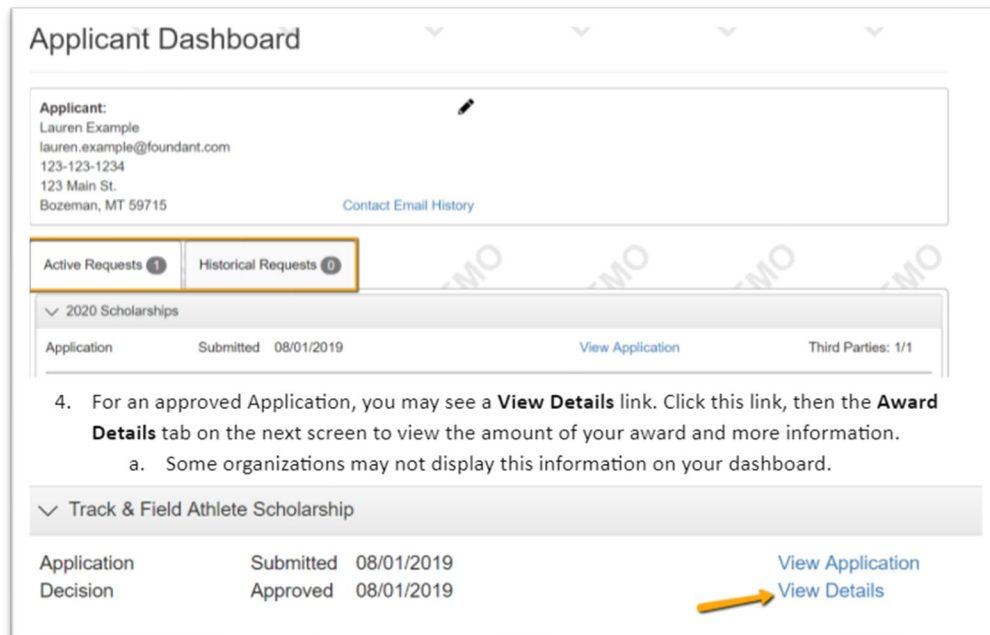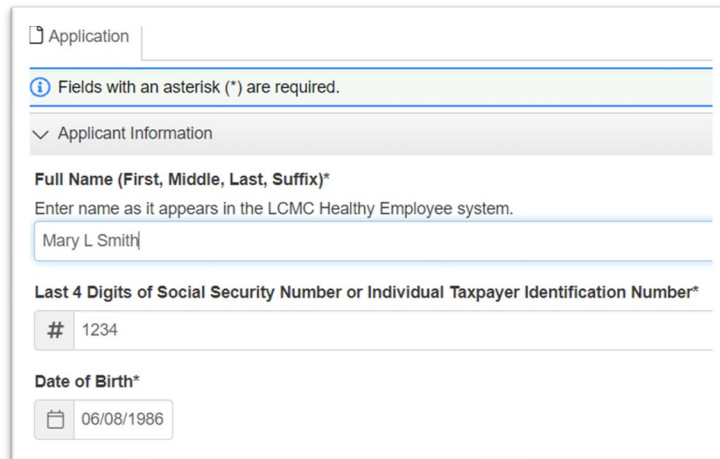

4. For an approved Application, you may see a **View Details** link. Click this link, then the **Award Details** tab on the next screen to view the amount of your award and more information.
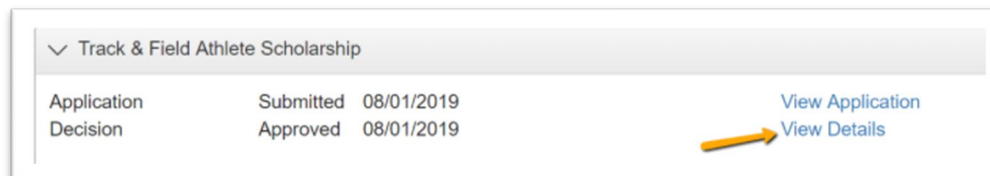
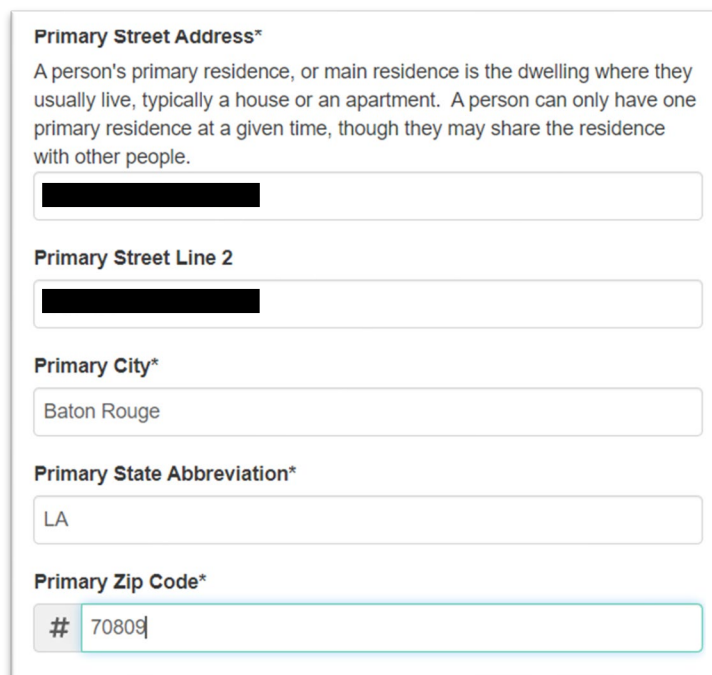# Completing the LCMC Application

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).

> 🗋 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
>
> **Last 4 Digits of Social Security Number or Individual Taxpayer Identification Number***
>
> \#   1234
>
> **Date of Birth***
>
> 🗓   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.

> **Primary Street Address***
>
> 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.
>
> ▮▮▮▮▮▮▮
>
> **Primary Street Line 2**
>
> ▮▮▮▮▮
>
> **Primary City***
>
> Baton Rouge
>
> **Primary State Abbreviation***
>
> LA
>
> **Primary Zip Code***
>
> \#   70809

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.

Phone Number (XXXXXXXXXX)*

███████

Email Address*

███████████████

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.

LCMC Location based out of:*
If you are unsure, please contact your LCMC HR representative.

⌄

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.

3. Next, locate your insurance determination document. Select the correct file and click **Open**.
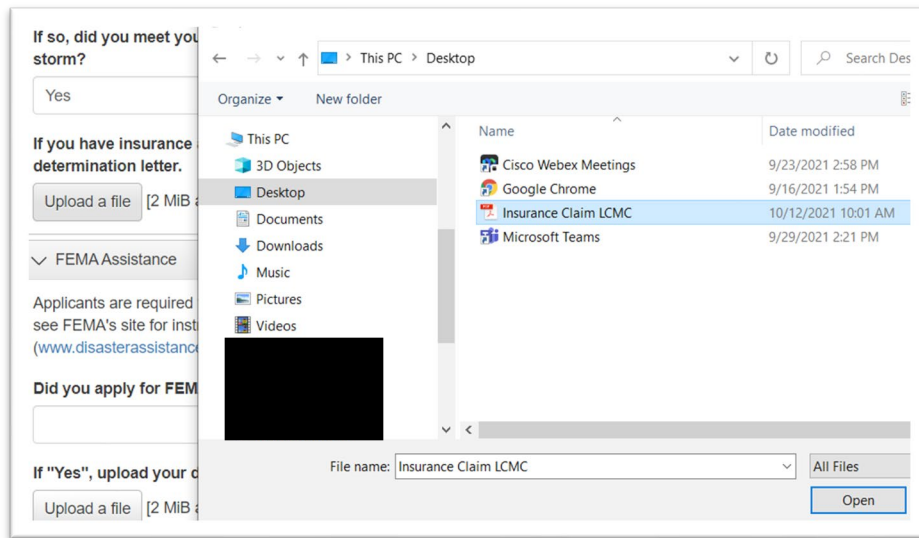
a. Your file will appear under the **Upload a file** button. You can click on the **eye icon** to preview the file to ensure it has uploaded correctly. Click **Delete File** if you have uploaded the wrong document.
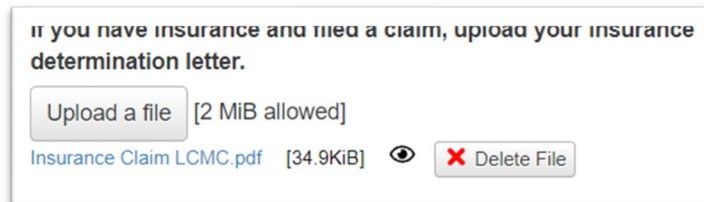
FEMA

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.

   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.

b. Next, locate your FEMA communication document. Select the correct file and click **Open**.
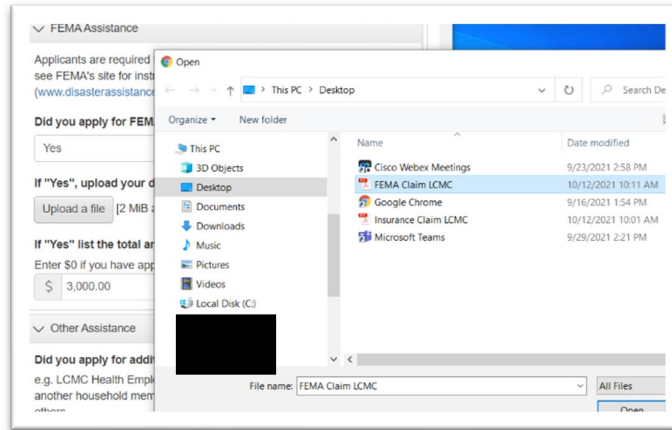
c. Your file will appear under the **Upload a file** button. You can click on the **eye icon** to preview the file to ensure it has uploaded correctly. Click **Delete File** if you have uploaded the wrong document.
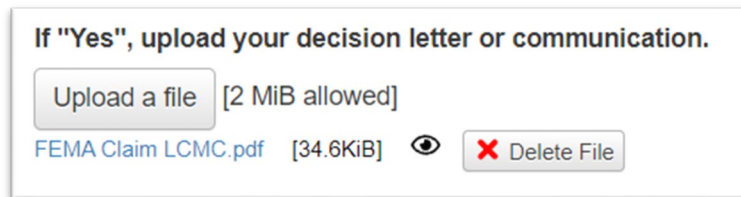
Other Assistance

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.

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.

b. Next, locate your additional assistance supporting documentation. Select the correct file and click **Open**.
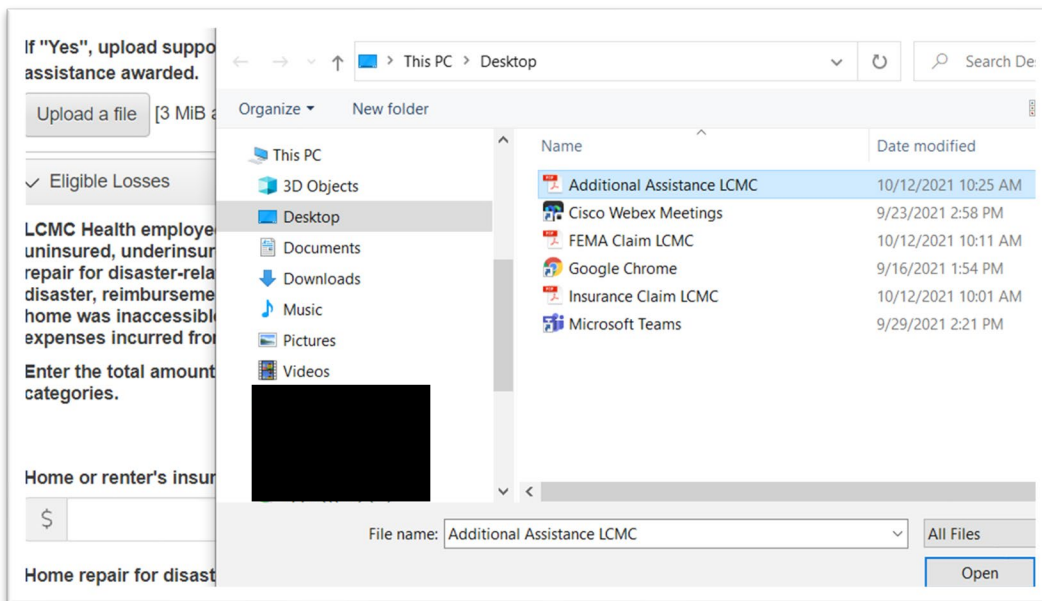
c. Your file will appear under the **Upload a file** button. You can click on the **eye icon** to preview the file to ensure it has uploaded correctly. Click **Delete File** if you have uploaded the wrong document.

Eligible Losses

1. In the *Eligible Losses* section, you will be entering the eligible losses incurred from the storm by category total. If you do not have an expense in a category enter $0. 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.

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.

   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.
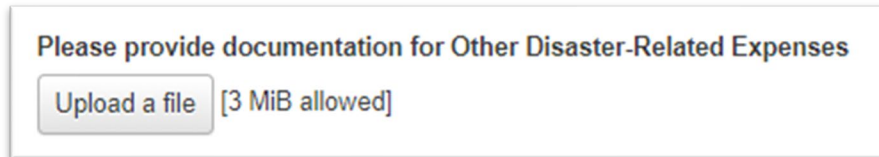
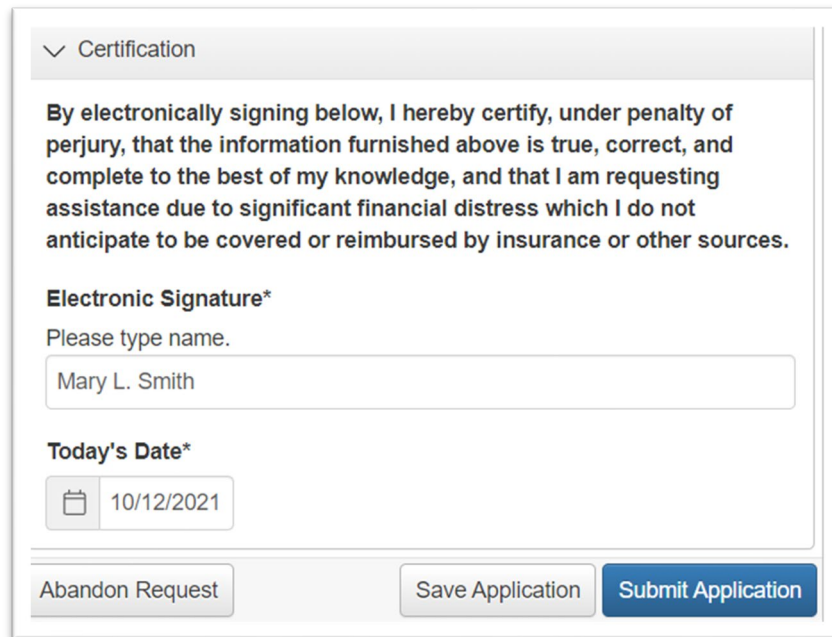a. Next, locate your eligible losses supporting documentation. Select the correct file and click **Open.**
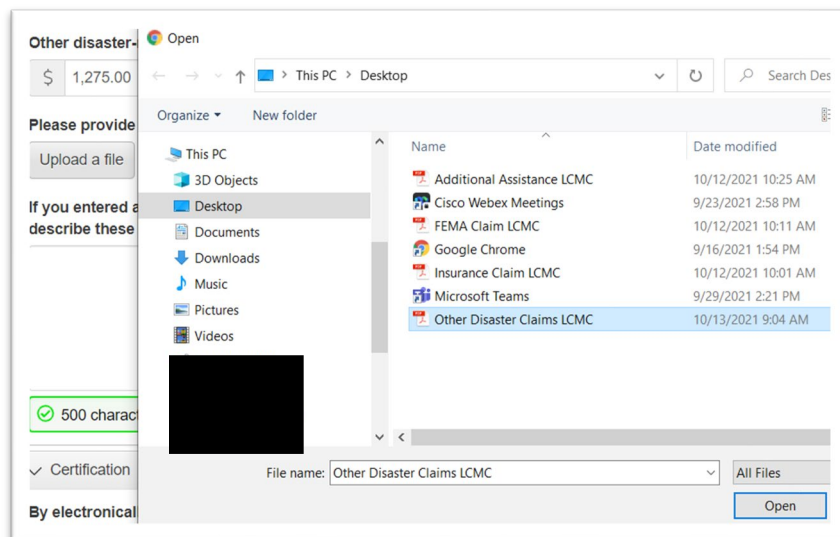
b. Your file will appear under the **Upload a file** button. You can click on the **eye icon** to preview the file to ensure it has uploaded correctly. Click **Delete File** if you have uploaded the wrong document.
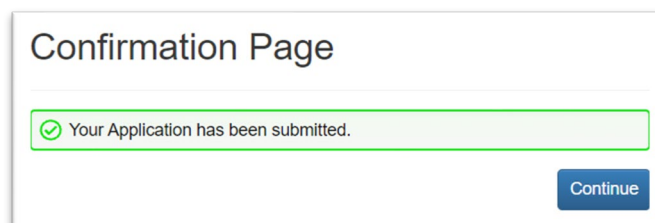
Certification

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.**

   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.

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

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.