

**Wayne B. Smith**  
COMPASSIONATE CARE FUND



**APPLICATION AND POLICY**  
**3775 Belleau Wood Drive**  
**Lexington, Kentucky 40517**  
**(859) 271-9000**  
[www.sayrechristianvillage.org](http://www.sayrechristianvillage.org)

**SECTION 1 – WHAT IS THE COMPASSIONATE CARE FUND?**

The Wayne B. Smith “Compassionate Care Fund” is a fund for eligible residents and/or employees who are struggling financially with emergency needs during a time of crisis. The fund is available to Sayre Christian Village residents who have lived on our campus for at least 90 days OR Sayre Christian Village employees who are classified as a regular, full-time/part-time employees with a minimum of one year and who are in good employment standing (PRN or variable employees are not eligible). Grants will be awarded as funds are available. The Compassionate Care Fund Committee will make the final determination on all grants. Your request will be reviewed in accordance with the attached “Compassionate Care Fund Policy”. If your request is approved, it may take up to two (2) weeks to receive funds.

**SECTION 2 – APPLICANT INFORMATION:**

*In order to apply for the Compassionate Care Fund, you will need to complete the Application below and attach the following documents:*

- *2 current paystubs (if you are an employee of Sayre Christian Village)*
- *Proof of all income sources*
- *Current bills*
- *Proof of expenses*
- *Documentation of the event that led to the hardship*
- *Completed W-9 form for the **company you want to be paid***
- *Completed w-9 form with **your own** information*

(Please note: This application must be completed in full for your request to be considered.  
PLEASE PRINT and COMPLETE ALL FIELDS)

Date of Application: \_\_\_\_\_

Have you applied previously? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, when: \_\_\_\_\_

Full name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated

Full name of spouse, if married: \_\_\_\_\_

Type of Request:  Resident  Employee

What building do you live or work in (please check one):

- Baunta Apartments
- Forest View Apartments
- Friendship Towers
- Sayre Healthcare Center

Date you became a resident or employee at Sayre Christian Village: \_\_\_\_\_

**SECTION 3 – HOUSEHOLD INFORMATION:**

Number of adults in household: \_\_\_\_\_

Number of dependents in household: \_\_\_\_\_

Ages: \_\_\_\_\_

**SECTION 4 – EXPLANATION OF NEED:**

Monies to be used for: \_\_\_\_\_

Reason for Hardship (Provide dates and specific details): Please refer to the attached document, COMPASSIONATE CARE FUND POLICY AND GUIDELINES, for a listing of the needs that will be considered by The Wayne B. Smith Compassionate Care Fund.

---

---

---

---

---



**SECTION 6 – INCOME & EXPENSE INFORMATION:**

Please complete to the best of your ability and provide supporting documentation/statements for each item listed, if applicable.

INCOME (monthly)	EXPENSES (monthly)
Net Wages/Salary: <ul style="list-style-type: none"> <li>• Employee/Resident \$ _____</li> <li>• Spouse \$ _____</li> <li>• Other(s) Relationship \$ _____</li> </ul>	Household: <ul style="list-style-type: none"> <li>• Rent/Mortgage \$ _____</li> <li>• Insurance \$ _____ (homeowner/renter)</li> </ul>
Child Support: \$ _____  Alimony: \$ _____	Utilities: <ul style="list-style-type: none"> <li>• Electric \$ _____</li> <li>• Water \$ _____</li> <li>• Gas \$ _____</li> <li>• Telephone \$ _____</li> <li>• Garbage \$ _____</li> <li>• Phone \$ _____</li> <li>• Cable/TV \$ _____</li> <li>• Internet \$ _____</li> </ul>
Social Security: \$ _____	Food/Clothing: \$ _____
Pension/Retirement: \$ _____	Childcare: \$ _____
Savings/Investments: <ul style="list-style-type: none"> <li>• 403b/IRA \$ _____</li> <li>• Savings \$ _____</li> <li>• Emergency Fund \$ _____</li> </ul>	Transportation: <ul style="list-style-type: none"> <li>• Car Payment \$ _____</li> <li>• Gas \$ _____</li> <li>• Public Transport \$ _____</li> <li>• Car Insurance \$ _____</li> </ul>
Food Stamps: \$ _____  Disability \$ _____	Debt Payments: <ul style="list-style-type: none"> <li>• Credit Cards \$ _____</li> <li>• Loans \$ _____</li> </ul>
Other: \$ _____	Other: \$ _____
<b>TOTAL INCOME: \$ _____</b>	<b>TOTAL EXPENSES: \$ _____</b>

Please list what resources you have used to try to resolve the hardship, if any:

---



---



---

**SECTION 7 – CONSENT & ACKNOWLEDGEMENT**

- *I certify that the information I have provided is complete and accurate to the best of my knowledge.*
- *I understand that any monies received from the Compassionate Care Fund will be applied toward the listed obligations. Furthermore, I understand that I may be asked to repay the monies in the event it is discovered they were not used for the intended purpose.*
- *I understand that any monies received from the Compassionate Care Fund may be considered as income and may be taxable. I understand it is my responsibility to consult with a tax advisor for tax liability purposes.*
- *If my application is approved, I authorize the Committee or its designee to contact the payee, if necessary.*
- *I authorize Sayre Christian Village to disclose personal information to the Compassionate Care Fund Committee, if requested.*
- *By signing below I attest to the fact that I have read the “Compassionate Care Fund” Policy and Guidelines and that I fully understand the information being requested from me in this application process and that to the best of my knowledge I have provided the Committee accurate and honest responses.*

APPLICANT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**FOR INTERNAL USE ONLY:**

Date Application Received: _____
Date Application Submitted to Committee: _____
Status/Determination: ____ Approved      Amount: \$ _____ ____ Declined      Note Reason: _____ ____ Additional Information Requested (list below)