

EXHIBIT C

**Financial Assistance Policy & Process**

The Hebrew Cemetery Association ("Association") funds and administers a Community Financial Assistance Fund (FA) reimbursed by The Jewish Federation of Greater Charlotte benefitting families that meet the established financial hardship criteria as defined by the Association. The Association will turn no Jewish funeral away for a lack of funds. The Association follows Jewish Custom "and they shall bury their own" meaning the community and the surviving family. Therefore, the financial status of immediate family members including, parents, siblings, and children of majority (above the age of 18) are considered responsible for contributing to burial expenses and are required to complete a Financial Assessment prior to determining a level of support. The Cemetery is thankful to Jewish Family Services ("JFS") for providing a professional and independent third party assessment and recommendation regarding financial need. The Association makes the final determination of the level and terms of financial assistance provided.

A Financial Aid Funeral is comprised of: A participating Funeral Home that cooperates with the FA Policy. They and the Association work in conjunction to provide the following- Collection of the Deceased to the Funeral Home, Care until the funeral, a Kosher Casket, Delivery of Deceased to the Cemetery, Staff for those purposes, A tent, Chairs, Set Up, Grave Side Service, Officiant, Burial Grave, Burial, and foot marker. **The Association and A Participating Funeral Home must be utilized to qualify for FA.**

Financial assistance needs arise at two major times; Prior To Death, or At The Time Of Death, and the assessment process is a little different for each. Responding to a request for assistance prior to death may allow time for the evaluation process to be completed prior to the time of need. In this case the FA process will be initiated by the Family and follow the JFS Financial Evaluation Process below.

Families requesting FA at the Time of Need are required to execute separate Agreements with the Association and Participating Funeral Home prior to funeral. Time of Need Funeral Pricing shall be stated at prevailing pricing subject to reduction based on the Family successfully completing the FA process and receiving a favorable support decision. Therefore, Families agree to the full prices for the Funeral Home and Association if no level of support is awarded and the Family is held responsible for the final determination of cost.

Time of Need applicants shall furnish financial assistance forms and required backup to JFS immediately or no later than fourteen (14) days after date of the funeral. JFS Staff will then review the completed application and contact you to schedule an appointment. It is critical that applicants comply with meeting requests since it is a short turnaround time.

**Purchasers Name of Immediate Family of Majority Age**

<u>NAME</u>	<u>ADDRESS</u>
<u>PHONE</u>	<u>EMAIL</u>

**J F S**  
**Financial Evaluation Process**

Families shall furnish completed Financial Assistance Application forms and support documentation prior to receiving an appointment date. After document receipt JFS will review the information provided and contact the Family to schedule an appointment. It is critical that applicants comply with meeting. JFS reserves the right to request additional substantiating income and/or expense information during the application review process.

**All applications will be held in the strictest confidence.**

The following documentation must be included in order for your application to be processed.

1. Completed Financial Assistance Application, including completed Monthly Income and Expense detail with necessary supporting documentation (see form).
2. The previous three (3) months showing detailed bank statements from all banks and all credit card statements. (Balances only are not acceptable)
3. **Copy of your most current tax return (cannot be older than one year).** If employment circumstances have changed from that reported on tax returns please provide a detailed explanation.
4. Paystubs from all employers for the last 60 days and/or proof of any other income sources (for each wage earner).
5. A copy of life insurance policies, if applicable.
6. Completed information release form - included with this packet.

**All applications will be held in the strictest confidence.**

Unfortunately, incomplete applications or not providing requested support documents will not be considered.

**The Association will notify applicants of their  
financial assistance determination**

If you have any questions, please do not hesitate to contact the JFS office at 704-364-6594.

## **Hebrew Association Financial Assistance Criteria**

Financial Assistance will be considered in the following cases:

- Applicants must submit a completed Financial Assistance package in order for JFS to review the request. A clear financial need must be made evident to qualify for some level of support. There are no exceptions to this requirement.
- Immediate family members (parents, siblings, children) who can legitimately assist with burial and funeral costs will bear on the level of support.
- Financial Assistance assessments are based on the following:
  - The funds available to allocate
  - The financial assistance criteria
  - Information received from the applicant
- JFS reserves the right to request additional substantiating income and/or expense information during the application review process.

**\*Please note - you should still complete this application even if you do not meet the requirements and have extenuating circumstances that will cause you to need financial assistance. We will take your situation into consideration if it is fully documented and substantiated as much as possible.**

**Hebrew Cemetery Association  
Financial Assistance Application**

Date \_\_\_\_\_ Synagogue Affiliation (if applicable) – Temple \_\_\_\_\_

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

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Please document your circumstances and any other extenuating circumstances regarding your need for financial assistance that you would like JFS and HCA to take into consideration when evaluating your application. In the event of unusual expenditures such as medical or occupational, you must provide supporting documentation. Please provide your explanation on a separate piece of paper and attach it to your application.

**Provide Information for Immediate Family and those Living in the Household (including children):**

<b>Name</b>	<b>DOB</b>	<b>Relationship</b>	<b>Occupation</b>	<b>Social Security Number</b>

**Employment Information (complete for all people in the household). Please provide copies of paycheck stubs for the last 60 days and last year's Tax Return and W-2 for each person listed below.**

Name of Person Working	Employer's Name and Phone Number	Amount Earned Before Deductions (Gross Income)	Tips Earned	How Often Paid (monthly, weekly, etc.)
<b>Total Wages</b>				

**If there is any employment history or other circumstance that you would like to be taken into consideration, please explain below:**

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**List All Other Sources of Income and Provide Substantiating Documentation:**

<b>Type</b>	<b>Name of Person Who Receives Other Income</b>	<b>Amount Received</b>	<b>How Often Received (monthly, weekly, etc)</b>
SSI			
Social Security (Old Age/Disabled/Survivor)			
TANF			
Food Stamps			
Child Support			
Unemployment			
Family Assistance			
Trusts			
Dividend/Interest Income			
Alimony			
Savings/IRA			
Real Estate			
Other (list)			
Other (list)			
<b>Total</b>			

**List All Monthly Expenses and Provide Supporting Documentation for the Past 30 Days for the Expenses Denoted with an “\*”.**

<b>Item</b>	<b>Name of Company</b>	<b>Amount Paid</b>	<b>How Often Paid</b>
Rent/Mortgage *			
Electric			
Gas			
Water			
Groceries			
Dining Out			
Child Care/After School Care			
Child Support Paid			
Telephone (wireless)			
Telephone (home phone)			
Internet			
Cable			
Car Payment			
Bus Fare/Gas, etc.			
Car Insurance			
Car Maintenance Costs			
Medical/Health/Dental Insurance*			
Prescription Costs *			

<b>Item</b>	<b>Name of Company</b>	<b>Amount Paid</b>	<b>How Often Paid</b>
Other Medical Hardships *			
Special Needs Services/Therapies (OT, PT, Speech, Other)			
Home Owner’s/Renters Insurance			
Home Owners Association Dues			

Life Insurance *			
Other Insurance			
Entertainment			
School Expenses (tuition, supplies)			
Membership (JCC, Temple, etc.)			
Clothing			
Laundry			
Pet Expenses			
Student Loans*			
Credit Card *			
Bank Loans*			
Other Loans*			
Other (personal hygiene, diapers, cleaning supplies, repairs, paper products, haircuts, cigarettes)			
<b>Total Monthly Expenses</b>			

**Has a parent or child in the home lost a job in the past three months? \_\_\_ Yes \_\_\_ No**

*If yes, please complete the following:*

<b>Name of Person(s) Who Lost Job</b>	<b>Date Job Lost</b>	<b>Former Employer's Name</b>	<b>Former Employer's Address &amp; Phone Number</b>	<b>Severance Amount and Term</b>



**Do you currently or have you previously received any financial assistance from other Jewish Agencies?**

Name of Institution (e.g., JCC, CJP, JPS, CJDS)	Amount of Financial Assistance	Frequency of Assistance (monthly, annually, etc.)	Dates Received

**Total Income:** \$ \_\_\_\_\_

**Total Expenses:** \$ \_\_\_\_\_

**Surplus (Deficit):** \$ \_\_\_\_\_

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

In order to best serve your needs, we request that you allow communication between the Hebrew Cemetery Association (Association) and Jewish Family Services(JFS) to coordinate financial aid efforts. Please be advised that your entire financial assistance packet will be given back to you at the completion of this process. Association and JFS will not keep a copy.

The doctrine of informed consent has been explained and I have been informed regarding regulations protecting the confidentiality of authorized information. I further acknowledge that I have the right to refuse to sign this form. I understand that I have a right to receive a copy of this authorization. I understand that any cancellation or modification of this authorization must be in writing. I understand that I have the right to revoke this authorization at any time unless requested action has already been taken. I also understand that such revocation must be in writing and received by Jewish Family Services, 5007 Providence Road, Charlotte, NC 28226 in order to be effective.

This authorization shall remain effective for the duration of assistance unless revoked in writing, request has been fulfilled, or one (1) year.

I hereby grant authorization to JFS to communicate with Association. Please be aware that if you choose not to grant permission for this disclosure, you will be ineligible for Association financial assistance.

\_\_\_\_\_  
Client or Responsible Party's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date