

The Communications Workers of America
Disaster Relief Fund

“In a Members Time of Need”

CWA

Disaster Relief Fund

CWA Disaster Relief Fund
501 3rd St. NW
Washington, DC 20001
Revised11/24

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 financial hardship due to a natural disaster as declared by FEMA. The Fund will award the member with a grant based on their essential losses and damages associated with their primary home. 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 applicant's 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 of the 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 at the time of the storm
- Retired CWA member actively paying full dues to a local
- Retired CWA members who are dues paying CWA Retired Member Council (RMC) members
- There is a limit of one grant per member - per lifetime.

Aid Awarded

All determinations for aid are final and may not be appealed.

Application Process

The CWA Disaster Relief Fund is not designed to be an immediate source of financial relief.

Member

- Determine if the event qualifies under FEMA aid
 - File claim with FEMA and Insurance Companies
 - Upon receipt of notification from FEMA and your insurance company 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, estimated/bids must be enclosed
 - Aid must be for primary home. Vacation, rental or other properties are not eligible
- *** Pictures are encouraged to support and expedite the claim process.

Local/CWA Retired Members Council (RMC)

- Verify the member is 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/RMC 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, if not complete, return to the Local
- Sign and forward to CWA HQ Disaster Relief Fund Coordinator

What is Covered

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

Examples of Items NOT Covered

- | | |
|--|---------------------|
| ● Recovery or Cleanup Items | ● Living Room |
| ● Batteries | ● Family Room |
| ● TV, DVD, VCR, Electronics, Computers | ● Dishwasher |
| ● Couch | ● Mortgage |
| ● Love Seat | ● Toys |
| ● Area Rugs | ● Bikes |
| ● Boat, RV | ● Generators |
| ● Hotel | ● Medication |
| ● Gas | ● Non-primary homes |

***Items on this list are subject to change without notice.**

New Application Submit Date		Local #	
Resubmit Date			

CWA Disaster Relief Fund Request Application Revised 11/2024

Please Print

Name of Disaster: _____

County Member Resides: _____ FEMA Declaration Date: _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Telephone (Home): _____ Telephone (Work): _____

Social Security (Last 4 of SS for Membership Validation): _____

CWA Local # _____

1. Damaged Primary Residence:

a. Owned _____ Rented _____

b. Totaled: Yes _____ No _____ (if yes, Insurance/FEMA documentation required)

c. Is this your primary residence? Yes _____ No _____

2. List Insurance Companies to which claims were made:

a. Name of Company _____

b. Policy Number _____

3. Was it necessary to obtain temporary residence elsewhere?

No _____ Yes _____ If so, for how long? _____

4. Have you applied for federal aid? Yes _____ NO _____

5. List the essential items inside the home which were lost and must be replaced.

Essential Item	Value (Must State)	Amount Reimbursed by Insurance	Staff Use Only

6. List the structural damages to your primary home below.

Part of Property	Estimate for Repair/Replacement	Submitted to Insurance/FEMA (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"/>		

		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

The following section must be completed prior to submitting to the National Disaster Relief Fund Coordinator:

1. Member:

The member ***must*** attach copies of insurance claim results and dispositions.

Please note: It is very important you provide us with the requested information to maximize the processing of your application. PHOTOS ARE ALWAYS WELCOME.

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

Member Signature: _____

Member Name Printed: _____

Date: _____

2. Local President/RMC President:

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

Local President Signature: _____

Local President Name Printed: _____ Local: _____

Date: _____

Notes/Comments:

3. District Staff:

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

District Staff Signature: _____

District Staff Name Printed: _____

Date: _____

Notes/Comments:

4. CWA Headquarters Disaster Relief Fund Coordinator:

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

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

Notes/Comments:
