



**TAKING CARE OF OUR OWN** is an initiative of theatreWashington created to meet a critical need in our community – assisting currently active Washington area theatre professionals experiencing personal emergency situations.

**TAKING CARE OF OUR OWN Guidelines.** Please Read Carefully **BEFORE** Completing the Application

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**WHO IS ELIGIBLE FOR “TAKING CARE OF OUR OWN” FINANCIAL ASSISTANCE?**

- Any Theatre professional – on stage or off stage - currently residing in the Washington DC metropolitan area who is currently working or who has actively worked in the Washington DC metropolitan area within the past two years.

**TYPES OF EMERGENCY REQUESTS ELIGIBLE FOR ASSISTANCE**

Assistance may be provided:

- For medical and personal emergencies of an unforeseen, unanticipated, catastrophic, or extraordinary nature;
- In the absence of personal or liability medical insurance or where such coverage does not meet the demand or emergency in question; or
- Normal expenses incurred within the last six months for an applicable emergency. In special cases, exceptions may be made at the discretion of the Advisory Panel

**TYPES OF REQUESTS NOT ELIGIBLE FOR ASSISTANCE**

- General wellness procedures and needs such as standard doctor’s appointments, annual physicals, dental hygiene and maintenance or standard optical needs
- Elective or cosmetic procedures
- Standard or recurrent needs regarding chronic conditions

**APPLICATION PROCEDURE**

Complete and submit this application:

- by email to Michael Kyrioglou, Theatre Services Manager at [mkyrioglou@theatrewashington.org](mailto:mkyrioglou@theatrewashington.org)
- online at [theatrewashington.org](http://theatrewashington.org)
- by fax at 202-625-1238
- by mail to:  
theatreWashingtonAttn: Taking Care of Our Own  
2001 Jefferson Davis Hwy, Suite 806  
Arlington, VA 22202

- Applications will be reviewed on a monthly basis.
- All applications will be reviewed by and assistance will be determined at the discretion of the Taking Care of Our Own Advisory Panel, comprised of leaders in the Washington theatre community.
- If your application meets initial eligibility requirements, you will be contacted by a member of the theatreWashington staff to obtain more detailed documentation and personal data.
- Requests meeting the final eligibility requirements will be considered at no less than \$500, to be made in amounts ranging from \$500 to \$5,000, and will be determined based on:
  - Available funds
  - Other requests for available funds
  - Applicant’s level of need
- If assistance is granted, funds will be provided by theatreWashington directly to a provider based on documentation provided by the applicant. Notification will also be sent to the applicant receiving assistance for their financial records.
- Assistance provided is given as a full grant without any obligation for repayment.

## Personal Information

Date of Application:

Date of Birth:

Applicant First Name:

Applicant Last Name:

Street Address:

City:

State:

Zip:

Email:

Home Phone:

Cell Phone:

## Professional Information

For how many years have you been working in the Washington theatre community?

Are you a member of (check all that apply):

AEA

Aftra/SAG

IATSE

USA

ATPAM

SDC

AGVA

AFM

In what capacities have you worked in Washington theatre? Please check all that apply:

Actor

Director

Designer

Technical

Stage Manager

Musician

Choreographer

Other (specify)

Administrative (specify)

Please list your five most recent theatre projects:

Production

Theatre

Dates

Position/Role

Are you currently working outside of the Washington theatre community?

Yes

No

If YES, please state where you are currently employed:

## Your Emergency Situation

Please describe your specific emergency:

If your emergency situation is medical in nature, are you currently receiving treatment relating to that?

Yes

No

If YES, briefly describe the treatment are you receiving:

Purpose of financial assistance:

to alleviate out-of-pocket medical expenses already incurred.

to alleviate future out-of-pocket medical expenses.

to alleviate living expenses due to major loss of work in relation to a medical condition.

to alleviate expenses because of non-medical emergency situations (e.g. property damage caused by natural disasters, falling trees, etc) or force majeure (an event or effect that cannot be reasonably anticipated or controlled and threatens one's continued well-being). Challenges caused due to unfortunate timing or mechanical failures are not eligible for support.

Range of financial assistance requested \$

to \$

What is the timeframe in which you need to receive this assistance?

Are you able to work now?

Yes

Limited

No

If your answer was "Limited" or "No", when do you expect to be able to fully return to work?

## Insurance and Other Sources of Assistance

Please list all insurance coverage and other sources of assistance available for your above need (i.e. health/vision/dental coverage, home-owner's or renter's insurance, family/friends):

Source of Assistance

Coverage

Deductible

I have read and understand the "Taking Care of Our Own" Assistance Guidelines as provided in this application. I attest that all information provided in this application is accurate and has not been misrepresented in any way.

**Applicant Name:**

**Applicant Signature:**

**Date:**

- Receipt of your application will be acknowledged by theatreWashington promptly.
- A theatreWashington representative will follow up with you shortly afterwards to review the application and gather any additional information if necessary.
- Applications typically are reviewed on a monthly basis; however, there will be some times of the year when it will take longer for an application to be reviewed.

## Disclaimers

By submitting an application for financial assistance from the Taking Care of Our Own program, you the applicant ("Applicant") hereby acknowledge, covenant and agree as follows:

The **TAKING CARE OF OUR OWN ADVISORY PANEL** reserves the right to make all policies and decisions regarding awards of financial assistance in its sole discretion and to modify (and grant waivers from) its eligibility guidelines from time to time.

Neither the **TAKING CARE OF OUR OWN** program, its advisory panel, nor theatreWashington gives any assurance of financial assistance, and any request for financial assistance may be denied at any time.

Additional information regarding the financial need may be requested of the applicant at any time. Failure to provide any requested information may result in a denial of an application.

Neither the **TAKING CARE OF OUR OWN** program, its advisory panel, nor theatreWashington, nor any employees, agents, officers or directors of the foregoing, assumes any responsibility or liability for any financial obligations of Applicant whatsoever. By submitting an application for financial assistance, the Applicant agrees to indemnify and hold the **TAKING CARE OF OUR OWN** program, its advisory panel, and theatreWashington, and all employees, agents, officers and directors of the foregoing, harmless from any and all liability, loss, cost or claim arising out of or relating to the matters set forth in the Applicant's application or otherwise from any liabilities, losses or costs arising out of the Applicant's personal financial matters and personal financial information.

Applicant acknowledges that the Advisory Panel for the **TAKING CARE OF OUR OWN** program may request Applicant to provide copies of pertinent medical records and/or a letter from Applicant's health care provider to confirm Applicant's condition. While the **TAKING CARE OF OUR OWN** program will use reasonable efforts to keep Applicant's medical information confidential, neither the **TAKING CARE OF OUR OWN** program, its advisory panel, nor theatreWashington, nor any employees, agents, officers or directors of the foregoing, shall have any responsibility or liability whatsoever in connection with Applicant's disclosure of Applicant's medical records and/or information about Applicant's medical condition. By submitting an application for financial assistance, the Applicant agrees to indemnify and hold the **TAKING CARE OF OUR OWN** program, its advisory panel, and theatreWashington, and all employees, agents, officers and directors of the foregoing, harmless from any and all liability, loss, cost or claim arising out of or relating to any disclosure of medical information provided by Applicant or otherwise relating to any matters set forth in the Applicant's application or other materials provided by Applicant and otherwise from any liabilities, losses or costs arising out of the Applicant's personal medical information.