



TEAM MEMBER EMERGENCY FUND APPLICATION

Team Member Name: _____ Location: _____

Position: _____ Date of Hire: _____

Reason for Request *Please attach all documentation related to your request.*

Amount Requested: \$ _____ *Maximum request amount is \$1,000 per year.

Is there anyone else that contributes to your household income? (Spouse, partner, etc)

Yes No If Yes, please list: _____

Have you ever been awarded Team Member Emergency funds in the past?

Yes No If Yes, please list amount and date: \$ _____ / _____

I understand that if my request is approved, I will not be able to submit another request for assistance for () months from payment in . In the event of a denial, I can resubmit for different circumstances at any time.

Team Member Signature

Date

Submitted by (if other than Team Member)

Relationship to Team Member

FOR OFFICIAL USE ONLY

Employment eligibility verified: Employed 6 months Receipt Attached

Verified by: _____ Date: _____ Reason Code: _____
Talent Solutions Representative *Date*

Date Sent to Selection Committee: _____

<u>Selection Committee:</u>	Approve	Deny		Approve	Deny
Grandview Terrace HRC:	<input type="checkbox"/>	<input type="checkbox"/>	The Colonnade AL:	<input type="checkbox"/>	<input type="checkbox"/>
Grandview Terrace IL:	<input type="checkbox"/>	<input type="checkbox"/>	The Colonnade IL:	<input type="checkbox"/>	<input type="checkbox"/>
La Loma Village HRC:	<input type="checkbox"/>	<input type="checkbox"/>	Sun Health Admin:	<input type="checkbox"/>	<input type="checkbox"/>
La Loma Village IL:	<input type="checkbox"/>	<input type="checkbox"/>			

Approved Denied Amount Approved: \$ _____ Date: _____