



## 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 \$1,200 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 Sent to Selection Committee: \_\_\_\_\_

Selection Committee:      Approve      Deny

Grandview Terrace HRC:

Grandview Terrace IL:

La Loma Village HRC:

La Loma Village IL:

Approve      Deny

The Colonnade AL:

The Colonnade IL:

Sun Health Admin:

Approved       Denied

Amount Approved: \$ \_\_\_\_\_ Date: \_\_\_\_\_