



## 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: \_\_\_\_\_ Reason Code: \_\_\_\_\_

*Talent Solutions Representative*

*Date*

Date Sent to Selection Committee: \_\_\_\_\_

Selection Committee: Approve Deny

Grandview Terrace HRC: ☐ ☐

Grandview Terrace IL: ☐ ☐

La Loma Village HRC: ☐ ☐

La Loma Village IL: ☐ ☐

The Colonnade AL: ☐ ☐

The Colonnade IL: ☐ ☐

Sun Health Admin: ☐ ☐

Approve Deny

☐ Approved ☐ Denied

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