



# THE EMERGENCY FUND

Please fill out this application completely and submit to your administrator/director for signature approval and submission. Refer to the Emergency Fund Policies & Procedures for further information located at **TheEmergencyFund.com**. All information provided in this application will be kept confidential. Full and Part-time positions are eligible to apply.  
**MINIMUM 6 MONTHS EMPLOYMENT REQUIRED TO APPLY.**

Questions? Please contact your service center at 949-540-2071

## GRANT APPLICATION

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Facility / Location: \_\_\_\_\_

Current Job Position: \_\_\_\_\_

Are you: Full-Time / Part-time / On Call (circle one)

Hourly Wage / Annual Salary: \_\_\_\_\_

Are you affiliated with: ENSIGN / PENNANT (circle one)

Please check one:

\_\_\_\_\_ Active Employee / Date of Hire \_\_\_\_\_  
**(Minimum 6 MONTHS employment required to apply)**

\_\_\_\_\_ Surviving Family Members of an eligible employee

What other options have you looked into to meet this need? (Loan from family/friends; vacation cash out, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Is there anyone else that contributes to your household income? (Spouse, partner, etc.) **Yes / No** If yes, amount \$ \_\_\_\_\_

How many children under 18 years old are in your household? \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ (Required)

Have you ever applied for emergency funds in the past? **Yes / No**

Specify how you will use these funds: Medical Expenses: \$ \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Food: \$ \_\_\_\_\_

Utilities: \$ \_\_\_\_\_ Funeral Expenses: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ (Please explain) \_\_\_\_\_

Describe your emergency need, in detail: (Attach additional pages, if needed) \_\_\_\_\_

**Please scan and email this signed application to: [EmergencyFund@ElevateCharities.org](mailto:EmergencyFund@ElevateCharities.org)**

Applicant Signature: \_\_\_\_\_  
*My signature above indicates that I have completed this application truthfully.*

Date: \_\_\_\_\_

Administrator / Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**