



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 the Emergency Fund staff 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 at 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**

Have you been with the facility for a minimum of 6 months? **Yes / No (THIS IS A REQUIREMENT OF ELIGIBILITY)**

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

Applicant Signature: _____

Date: _____

My signature above indicates that I have completed this application truthfully and that I have been employed for a MINIMUM OF 6 MONTHS.

Administrator / Director Signature: _____

Date: _____