ENLOE HEALTH FOUNDATION

Do Not Write in this Area
Application # _____
Date Received _____

ENLOE HEALTH DISASTER RELIEF FUND APPLICATION

Eligibility

The Enloe Health Disaster Relief Fund provides support to meet housing, transportation and other basic needs for Enloe Health employees, medical staff and partner organization employees affected by disaster. Enloe Health case managers may access funds for patients using a separate Foundation Funding Request form.

Only one grant per family will be made to an applicant within a 12-month calendar period. Caregivers with documented catastrophic circumstances may be eligible for additional grant opportunities. The committee reserves the right to deny repeat requests for continuing circumstances extending over several years.

Documentation

Application will only be considered if all supporting documentation is included. To fully understand your situation, please complete all sections of this form to the best of your ability. All applications will be kept confidential.

Applicant Name_____ Employee ID# (if applicable)_____

☐ Enloe Health Employee ☐ Physician ☐ Partner Organization Employee

Job Title_____ Department_____ Supervisor_____

Best Contact Number_____ Email_____

Current Address_____

Do you have a spouse or dependent family member who is also eligible to receive relief funds (e.g., they also work for Enloe Health)?

☐ Yes ☐ No ☐ N/A

If Yes, please complete one application for your household

Name of Spouse or Dependent Family Member_____

Have you received Enloe Health Foundation Relief Funds in the past? ☐ Yes Amount $_____ ☐ No

Specific amount you are requesting: $_____

Purpose of funding requested_____

SECTION A: Housing & Personal Property *(If your housing was NOT impacted by the disaster, please skip to section B.)*

Classify the housing impact you have sustained from the disaster. ☐ Own ☐ Rent

☐ MAJOR/SUBSTANTIAL IMPACT: Severe damage to home and personal property including complete loss of home.

Address_____

☐ INTERMEDIATE IMPACT: Home remains standing, but requires work to make it habitable (smoke or water damage etc.)

Address_____

☐ MINIMAL/MINOR IMPACT: Providing shelter for evacuees. How many? Adults_____ Children_____

If you checked Major or Intermediate above:

Do you currently have a permanent place to live? (if you are temporarily living with relatives or friends, then answer “no”)

☐ Yes ☐ No

Please help us understand your situation better by providing some description of your current housing situation (short-term, long-term; location; splitting up family members, etc):

Do you expect your homeowner's insurance/renter's insurance to cover damages? ☐ Yes ☐ No

Do you have fire or water insurance, if applicable? ☐ Yes ☐ No

SECTION B: Income

Dependent Information

Please list all persons who were residing in your home prior to the disaster plus any dependent children age 24 or under whether or not they were living with you:

	Name	Age	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

Total gross monthly income for household: $_____

SECTION C: Funding Request

Please describe exactly what your financial need is and detail the specific amount you are requesting. **Please include supporting documentation to demonstrate your financial hardship (rental agreement, invoice, bills, transportation, child care costs, etc.).** List any housing and basic needs that you have as a result of the disaster.

Amount requested $_____

Describe:

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Please use this space if there is anything else you would like the Enloe Health Disaster Relief Fund Committee to know that will help us understand your situation and funding request.

I certify that all statements made in conjunction with this application are true and that any misrepresentation on this application may be sufficient cause for rejection of this or subsequent applications, and disciplinary action.

I also acknowledge that any funds awarded to me may be taxable income. The Enloe Health Foundation recommends you seek advice from a tax professional regarding the handling of any funds awarded.

Applicant's Signature_____ Date_____

Please return completed form and all additional documentation to the Human Resources office or email to HR@enloe.org.

*******FOR FUND APPROVAL COMMITTEE USE ONLY*******

❒ Approved ❒ Denied Date_____ Amount of Distribution $_____

Other actions/follow-up/resources:_____