|  |
| --- |
| **Legacy Employee Emergency Assistance Fund Application**  **Before completing this application, please read the Frequently Asked Questions for eligibility details. Limit one application per household. Email your completed application (and any supporting documentation as indicated below) to** [leaf@legacycommunityhealth.org](mailto:leaf@legacycommunityhealth.org). |
| **APPLICATION INFORMATION** |
| **Full Name:** |
| **Employee ID (SimplyWork #):** |
| **Legacy Work Location:** |
| **Date of Loss:** |
| **Home Address:** |
| **City, State, Zip:** |
| **Email:** |
| **Phone Number:** |
| **Are any other Legacy employees living in your household? Yes No**  **If yes, please list their name(s) and employee ID number(s):** |
| **If you are approved for a grant, a check will be sent to you. Please indicate where you would like the check mailed.**  **(You may enter a residential address or your work location.)**  **\*\*Grant awards will be mailed as a separate check. Funds from cashed-in PTO hours in will be included in your regular paycheck.** |
|  |
| **PTO CASH-IN OPTION** |
| **I want to cash in** \_\_\_\_ **hours of my remaining PTO balance.**  **I do not want to cash in any PTO hours.** |

|  |
| --- |
| **STATEMENT OF LOSS** |
| **Did you have to obtain temporary housing because your primary home or primary residence is uninhabitable? Yes No** |
| **Describe your property loss and the circumstances that led to your loss.**  **(Please limit your response to 200 words or less.)** |
| **If approved, how will the grant be spent? Please include an estimate of the cost of any temporary shelter, food or other basic needs required as a result of this loss.**  **(Please limit your response to 200 words or less.)** |
| **Please provide any additional information or comments that would be helpful in reviewing this grant application. Send supporting documentation and/or photos when submitting this completed form to** [**leaf@legacycommunityhealth.org**](mailto:leaf@legacycommunityhealth.org)**.**  **(Please limit your response to 200 words or less.)** |

|  |
| --- |
| **CERTIFICATION** |
| **I certify that the information provided in this application is accurate and that my hardship is genuine. I understand that any intentional misrepresentation of information contained in this application will result in forfeiture of this grant and ineligibility for future grants.**  **Type your name in the box to serve as a signature certifying the information above.**  (Your name here) |