

HELPING HANDS GRANT APPLICATION

The Helping Hand Fund is to provide an employee with a one-time grant, for short-term assistance, for basic necessities only, in the event of **CATASTROPHIC** occurrence, such as fire, death, extreme hardship, or natural disasters. Each case will be reviewed considering applicant's need and amount of money in the employee fund. If you believe you fall within these guidelines, please follow the instructions and submit your request.

* Caregivers who are affected financially as a result of the COVID-19 virus are eligible to apply for assistance through the Helping Hands Fund. Their specific circumstances will be taken into consideration as to the amount needed.*

ELIGIBILITY:

- Employee must be in good standing and beyond their probationary period.
- Employee is eligible to receive a grant one time only.
- Maximum amount of grant not to exceed \$1,000.
- Distribution of funds will be made <u>directly to the payee(s)</u> on the attached documentation. Employee Assistance Funds will <u>not</u> be given or paid directly to the applicant.

CRITERIA:

 Applicant must be an employee of NWR, which includes Providence Regional Medical Center Everett, Providence Medical Group, volunteer who is actively registered with the Volunteer Department, and/or a contract employee assigned to work at PRMCE.

INSTRUCTIONS TO APPLICANTS:

Please submit this application to Human Resources, with a <u>detailed</u> explanation of your current circumstances, how you came to need assistance and what you would like Helping Hand to help you cover. Attach copies of your supporting documentation, (Example: bill, invoice, receipt, time card, etc.) to support/verify your request for employee assistance.

NAME:	PHONE:		
DEPT:	MANAGER:		
REQUESTED AMOUNT (one tim	e only assistance - not to exceed \$1,000):		

Application is not complete if <u>detailed statement</u> and <u>supporting documents</u> are not attached with this form.

Submit your employee Helping Hand application and all supporting documents to <u>Human Resources</u> (first floor), <u>Pacific Campus or FAX to 425-258-7801</u>.



Date:
Employee Signature
require as much detail as possible on your application prior to submission for review. Detail will ous expedite assistance. Which of the following applies to your employee Helping Hand request.
Fire: (extent of damage attach bill(s) and explain cause/impact of fire) Death: (relationship to applicant – type of assistance you require and why) Extreme Hardship: (Is it due to illness of applicant or family member – how it affects your current household need(s) – please be specific with detail(s) and provide bills/invoices. Rent assistance requires submission of a W-9 form from the landlord. If your requested hardship assistance is due to inability to work, please confirm days not worked w/attached kronos sheet. Number of days not worked x hours
Natural Disasters: (flooding, land slide, wind storm, etc. – what damage was sustained) COVID-19 (how it affects your current household need(s) – please be specific with detail(s) and provide bills/invoices. Rent assistance requires submission of a W-9 form from the landlord. If you have been unable to work, please confirm days not worked w/ attached kronos sheet.) Number of days not worked x hours
A VISA/MC statement is <u>not</u> acceptable. We require a bill/invoice with the payee address and account number where the check can be mailed directly. Order to help you during this time of hardship, please provide a detailed explanation to the above a you checked: (Submit this form along with supporting documentation for review.)

