



CAMP FIRE RELIEF FUND APPLICATION

<p>Do Not Write in this Area</p> <p>Application # _____</p> <p>Date Received _____</p>

Many members of our Enloe Medical Center community have been affected by the Camp Fire. The Relief Fund is designed to help those who have the greatest need and fewest resources. We encourage anyone who feels they need assistance to apply and to re-apply as needed. In an effort to fully understand your situation, please complete all sections of this form to the best of your ability. Include any documentation available to support your request and answers to the following. You may attach separate sheets if necessary.

Applicant Name _____ Employee ID# (if applicable) _____

Enloe Employee Partner Organization Employee Volunteer Physician

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)?

Yes No N/A

If Yes, please complete one application for your household

Name of Spouse or Dependent Family Member _____

Have you received Enloe Foundation Relief Funds in the past 6 months? Yes No

Is there a specific amount you are requesting at this time? Yes \$ _____ No / any amount

SECTION A: HOUSING & PERSONAL PROPERTY

Classify the housing impact you have sustained from the Camp Fire

MAJOR/SUBSTANTIAL IMPACT: Severe damage to home and personal property including complete loss of home or a home that remains standing but has anticipated severe smoke damage to make it uninhabitable

Address _____

INTERMEDIATE IMPACT: Evacuated and unable to return to your home, but your home is habitable should you be able to return.

Address _____

MINIMAL/MINOR IMPACT: Providing shelter for evacuees. How many? Adults _____ Children _____

If you check 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 insurance? Yes No

Have you applied for FEMA Assistance? Yes No If yes, were you successful? Yes No

If you have been unsuccessful at obtaining an ID, please briefly explain _____

Do you have a reliable way to get to work? (If you are borrowing a car for a limited time, answer "no" and indicate how long you will have the car) Yes No

Please describe any transportation issues you are experiencing due to the Camp Fire _____

SECTION B: INCOME & ASSETS

Have you lost household income due to the Camp Fire (rental income, spousal income, etc)? Yes No

If Yes, please describe _____

Marital Status: Married Single Divorced Widowed Unmarried Partnered

Dependent Information

Please list all persons who were residing in your home prior to the Camp Fire 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.	_____	_____	_____

Monthly income range for household: \$ _____ (itemize income below)

Monthly income from wages	\$ _____	Spouse income from wages	\$ _____
Rental income	\$ _____	Public Assistance	\$ _____
Social Security	\$ _____	Unemployment	\$ _____
Child Support	\$ _____	Worker's Comp	\$ _____
Other	\$ _____ Describe: _____		

Approximate Current Value of Assets (if applicable): \$ _____ (itemize asset value below)

Savings/Money Market	\$ _____	Stock Value	\$ _____
Dividends	\$ _____	Interest Payments	\$ _____
Property (other than lost residence)	\$ _____	Retirement	\$ _____
Other	\$ _____ Describe: _____		

SECTION C: EXPENSES

Other than food, shelter, and transportation, do you have other monthly expenses that you would like us to consider (daycare, tuition, medical/dental, etc)? Yes No

If yes, how much? \$ _____

Describe: _____

For the purpose of obtaining this herein requested support from the Enloe Medical Center Camp Fire Relief Fund. Only the undersigned warrants the truth and accuracy of the foregoing information. I also agree that this confidential application shall remain the property of EMC whether or not the support is awarded.

Applicant's Signature _____ Date _____

**Please return completed form along with any attached documentation
to Human Resources or fax to (530) 893-6846**

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

Approved Denied Date _____ Amount of Distribution \$ _____

Other actions/follow-up/resources: _____
