

CAMP FIRE RELIEF FUND SUPPLEMENTAL APPLICATION



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. This form is for *those who have already received funds but are still faced with financial hardships*. Please complete all sections to the best of your ability and **include any documentation to support your request**.

Applicant Name _____ Employee ID# (if applicable) _____

Best Contact Number _____ Email _____

Current Address _____

Total amount of previous Relief Fund Disbursement(s): \$ _____

Specific amount currently needed / requested: \$ _____ **Complete section B below to itemize this amount and attach any documentation to support request.**

SECTION A: HOUSING

Please describe your financial needs at this time and detail the specific amount(s) you are requesting to help your situation.

Living with friends/family Temporary housing Permanent housing Other: _____

Please help us understand your situation better by providing pertinent details of your current housing situation and if you have a plan for permanent housing (if needed).

Fire Insurance? No Yes n/a Renter's insurance? No Yes n/a

If Yes, when do you anticipate receiving funds from insurance company? _____

Are you currently receiving assistance from your insurance? No Yes. If Yes, please describe: _____

Any changes in dependents since last application? No Yes Please describe: _____

SECTION B: FUNDING REQUEST

Please describe your great financial need at this time and detail the specific amount you are requesting to help your situation. Include details of the need and include any documentation to support the request for funding (copies of past due bills, rental agreements, etc.).

Housing (deposits, moving costs) Amount requested: \$ _____

Describe: _____

Transportation (loss of vehicle, need for new vehicle) Amount requested: \$ _____

Describe: _____

Increased Expenses Amount requested: \$ _____

Gas/Commute Describe: _____

Hotel/Room rates Describe: _____

Increased childcare Describe: _____

New bills/Expenses Describe: _____

TOTAL FUNDING REQUESTED: \$ _____

Please use this space if there's anything else you would like the Camp Fire Relief Fund Committee to know that will help us understand your situation and funding request.

Applicant's Signature_____ Date_____

**Please return completed form with any attached documentation to the Human Resources office.
Or, fax to (530) 893-6846, or email beth.turner@enloe.org**

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

Approved Denied Date_____ Amount of Distribution \$_____

Other actions/follow-up/resources:_____
