



LCS Emergency Relief Fund

Application Form

Today's date: _____

Employee name: _____

Home address: _____

City/State/Zip Code: _____

Community name: _____

Daytime contact phone #: _____ Department: _____

Supervisor: _____ Supervisor's phone: _____

Date of hire: _____ Hours worked per week: _____

Total dollar amount of insurance deductible (if applicable): _____

Total dollar amount requested: _____

Date of emergency/catastrophe: _____

Please describe, in detail, the emergency you and your family are experiencing:

LCS Emergency Relief Fund

May we contact your supervisor for the purposes of clarification? Yes No

Note: This application cannot be submitted without the knowledge of the recipient employee.

Have you received support from the LCS Emergency Relief Fund in the past 12 months?
Yes No

If yes, how much did you receive and when? _____

Note: While an employee can ask for help more than once in a given year, the LCS Emergency Relief Fund review committee is limited to what an employee can receive based on status and prior awards.

Applicant Signature: _____

PLEASE READ:

In order to fully understand the scope of your need, the following documents may accompany your application:

- Receipts related to your emergency
- Cost estimates in cases where the required work has not yet been completed
- Proof of insurance in cases where your home or car have been damaged
- Proof of life insurance in cases of sudden, unexpected deaths
- Other pertinent documents deemed necessary by the Board

The committee reviews all applications immediately upon receipt. Names of the applicants are blocked. Committee members review all applications based on the document and supportive materials you present. Please take the time to fully describe your situation and make sure all required documentation is attached.

To be completed by the HR Manager:

Employee name: (Applicant) _____

Date of Hire: _____ PT FT Agency Employee? Yes No

HR Manager Name: _____ Ph: _____

Is the employee receiving any benefits from STD or LTD? Yes No

Does the employee have any unused/remaining PTO that could be paid out to them?

Yes No

COVID-19 Related? Yes No

Has the employee received any financial assistance* from the community? Yes No

**Example: Benefitting from a community/resident sponsored fund or community related foundation.*

If yes, please indicate the total amount of financial assistance received: _____

Is the community where the employee works a recipient of COVID-19 related government assistance? Yes No

Did the employee receive any additional COVID-19 compensation from the community?

Yes No

Return the completed application, with all receipts and required documents to:

EmergencyRelief@lcsnet.com
