

Request # _____
Date _____



Disaster and Emergency Hardship Relief Application for Healthcare Employees

The MANA Charitable Disaster and Emergency Hardship Relief Fund provides assistance to health care employees who have experienced a disaster or emergency hardship beyond their control or one in their immediate family. Any Northwest Arkansas resident who works in the healthcare field is applicable for assistance from the MANA Disaster and Emergency Hardship Relief fund.

The Disaster and Emergency Hardship Relief fund was established to aid in disaster relief and emergency hardship situations. It seeks to assist healthcare employees who lack the necessities of life, involving physical, mental, or emotional well-being, as a result of poverty or temporary distress. Examples of needy persons include a person who is financially impoverished as a result of low income and lack of financial resources, a person who temporarily lacks food or shelter (and the means to prove for it), a person who is temporarily not self-sufficient as a result of a sudden and severe personal medical illness or family crisis (such as a person who has a serious medical illness, who is the victim of a crime of violence or who has been physically abused), and a person who is not self-sufficient as a result of previous institutionalization. Types of requests that will be considered for approval will include basic necessities, health and welfare needs including, but are not limited to rent, electric, gas, and water services, food, or disaster relief assistance. All requests will be reviewed on a case-by-case basis and applicant must be in good standing with company.

Anyone may recommend a coworker or friend for the Disaster and Emergency Relief. The application must be completed by the healthcare worker if possible and supporting documentation must be attached. The applicant must be willing to be contacted and additional supporting documentation may be required.

All applications should be returned to the Fayetteville Area Community Foundation. The Grantmaking Committee of the Fayetteville Area Community Foundation will approve or disapprove the application and notify the applicant. Applicants may not receive assistance more than once per event. They may, however, apply again for another unique event.

Instructions: This confidential information form is for use in processing Disaster and Emergency Hardship requests. Complete it as carefully as possible and attach supporting documentation. Be sure to complete each section fully to ensure prompt attention to your application. Please do not leave anything blank. If you need assistance contact Katie Tennant at the Fayetteville Area Community Foundation at (479) 444-6880 or fayettevillearea@arcf.org.

IDENTIFICATION DATA (Please Print)

Name _____

Date of Birth ____/____/____ Social Security Number _____ - _____ - _____

Phone #: _____ Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Business Phone: _____

Length of Service: _____ Position: _____ Department: _____

Names of People Living in Your Household	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has application for assistance been made to any other source, and if so with what result?

Previous assistance from the Emergency / Disaster Hardship Relief fund Yes No
 If Yes, Date _____ Amount received _____

Please explain why you qualify to receive disaster and emergency relief funds. Explain what occurred and how we can help you. (Continue on a separate sheet if necessary).

How much assistance are you requesting? _____ Please attach records that support your request if possible.

I certify that the above information is true.

Applicant Signature : _____ Date: _____

Please return the application to the Arkansas Community Foundation to be processed:
 Arkansas Community Foundation – Fayetteville Area
 PO Box 997
 Fayetteville AR 72702
 email: fayettevillearea@arcf.org
 Phone: (479) 444-6880

COMMITTEE USE ONLY

Recommendations:
 Committee Action: _____ Amount Approved _____ Date _____
 Reason if not approved _____

 Applicant Notified _____ Date _____ Check Received _____ Date _____