Date: _____

Broward Health Employees Emergency Relief Fund

CONFIDENTIAL EMERGENCY ASSISTANCE PROGRAM APPLICATION

I. Applicant's Personal Data

Name: _____ Employee Number: _____

Marital Status: _____ Spouse Name: _____

Number of Dependents: _____ Total Number in Household: _____

Home Address: _____

Phone: _____ Email Address: _____

II. Detailed Description of Need (Required)

Use back of form if necessary. This section must be completed.

III. References for Verification of Need (At Least Two):

1. Name: _____ Telephone: _____

   Address: _____ City/State/Zip Code: _____

   Relationship: _____

2. Name: _____ Telephone: _____

   Address: _____ City/State/Zip Code: _____

   Relationship: _____

3. Name: _____ Telephone: _____

   Address: _____ City/State/Zip Code: _____

   Relationship: _____

Sections IV and V to be completed by Committee only

IV. Committee Recommendation:_____

_____

_____

_____

V. Committee Member Signature(s): _____

_____

Approved: ☐ Disapproved: ☐

Broward Health Employees Emergency Relief Fund

FINANCIAL ANALYSIS CHECKLIST BASIC MAINTENANCE

I. Amount of Assistance Requested: $_____

II. Bill Description:

Amount Due: _____ Date Due: _____

Company Owed: _____

III. Bill Description

Amount Due: _____ Date Due: _____

Company Owed: _____

IV. Bill Description

Amount Due: _____ Date Due: _____

Company Owed: _____

V. Bill Description

Amount Due: _____ Date Due: _____

Company Owed: _____

VI. Transportation (Work Only; Monthly Gas/Car Payment): _____

VII. Monthly Food Expenses :_____

VIII. Monthly Child Care Expenses: _____

IX. Total Monthly Income (include any child support or alimony):

Sources: _____

Monthly Total: $_____

X. Copy of Bills (Required)
Please attach copies of your bills that support this application. This is required.

- ☐ Rent/Mortgage
- ☐ Cable/Internet/Phone
- ☐ Gas/Electricity
- ☐ Water
- ☐ Insurance
- ☐ Other

_____ _____

Signature of Eligible Employee (Required) **Date**

Please return completed application to the Broward Health Foundation by mail, email or fax:

By U.S. Mail: 1201 South Andrews Ave., Fort Lauderdale, FL 33316
By Email: BHFoundation@BrowardHealth.org
By Fax: 954.712.4535

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