



The purpose of the MHC Health Care Heroes Emergency Assistance Fund is to provide financial assistance to employees of McLaren Health Care who have suffered a catastrophe and/or have a legitimate need for emergency financial help. Emergency financial assistance must be circumstances beyond his/her control due to COVID-19.

**REQUEST FOR HELP**

Please complete in full, using as much detail as possible to explain your need. An incomplete application could result in delay or denial of your request.

- Loss of life due to COVID-19** (employee or family member)
- Serious health condition from contracting COVID-19**
- Laid off/lost work hours due to COVID-19**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Subsidiary \_\_\_\_\_

Department \_\_\_\_\_

**WORK STATUS: (circle one)**

Full Time, Part-Time or Contingent

Date of Hire \_\_\_\_\_

Supervisor \_\_\_\_\_

Phone \_\_\_\_\_

**FAMILY CONTACT: (if necessary)**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

**HARDSHIP EXPLANATION**

The following circumstances have occurred, causing me to need emergency financial assistance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach an additional explanation if necessary.  
**If possible, please include documentation.**

What amount of money are you requesting?

\$ \_\_\_\_\_

**Please return this form to your subsidiary Foundation or HR Department.** Submit application via interdepartmental mail, USPS, email. In the event of a catastrophic situation, the Eligibility Committee may hold a special meeting. **The employee will be notified by phone of the committee's decision.**

**Review dates are the 15<sup>th</sup> and 30<sup>th</sup> of each month thru August 2020.**

**FOR COMMITTEE USE:**

Approval or denial by MHC Heroes Eligibility Committee requires two signatures:

**APPROVE    DENY**

\_\_\_\_\_

\_\_\_\_\_

Review Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of Grant \$ \_\_\_\_\_

Comments Attached.

Funds for the McLaren Health Care Heroes COVID-19 Emergency Assistance Fund are held and disbursed by McLaren Health Care Villages Foundation.

For more information or questions, call (586) 741-4330 or email [louise.rallis@mcclaren.org](mailto:louise.rallis@mcclaren.org). There is no guarantee that a grant will be awarded to every applicant. Decisions on grant assistance will not be based on race, religion, national origin, age, marital status or sexual orientation.

**If you need assistance please contact your subsidiary Foundation or HR department.**





HEALTH CARE

---



COVID-19 HEROES  
Employee Assistance Fund

---

### **Nomination Form**

*(complete and return to your  
subsidiary Human Resources or  
Foundation office)*



MACOMB FOUNDATION

Phone: 586.741.4330

Fax: 586.741-4340

Email: [louise.rallis@mcclaren.org](mailto:louise.rallis@mcclaren.org)