Employee Emergency Assistance Program Information Form

Disaster Form

Application Date: __/__/____

Date the catastrophe/event took place: __/__/____

☐ Home Fire
☐ Tornado
☐ Flood
☐ Other, please Specify _____________________________________________

The degree of damage to the home or property must be documented by one or more of the following:

- Insurance claim papers
- FIRE REPORT MUST BE ATTACHED in cases of home fire
- Snapshots of the home/property showing the damage
- Estimates for repair

Awards are based in individual needs. One or more of the following should be attached.

- List of needed items and estimated cost
- Receipts showing employee’s out of pocket expenses caused by the emergency
- Any immediate needs

Critical Indicators – Please indicate any of the following criteria pertinent to your situation and caused by the emergency.

☐ I/we can’t live in the home. Estimated time frame: _______________________
☐ I/we have lost something of critical necessity. Describe: ____________________
                                                                                   ____________________________________

☐ I/we have filed a claim with our insurance carrier. Amount of deductible: $____
☐ I/we have an IMMEDIATE NEED. Describe: ________________________________
                                                                                   ____________________________________

Is there anything about your individual situation that the Employee Emergency Assistance Committee should know? _________________________________________
                                                                                   _________________________________________
                                                                                   _________________________________________

The decision for awarding assistance is determined by the information submitted to the committee-please make sure you have included all of the pertinent details.