Kettering Health Network

COVID-19 Relief Fund Application

To apply for assistance related to COVID-19, please complete the following form in its entirety, along with supporting documentation. Once this form is completed, please return it along with your supporting documentation, to MyHR, via one of the following methods:

E-mail address: myHR@ketteringhealth.org

Fax: 937-762-1199

Examples of supporting documentation for immediate needs if possible:

- Child care
- Utility bills
- Housing assistance, rent/mortgage statement
- Medical/prescription bills
- Food assistance
- Toiletries
- PTO assistance

Please note that funds will not be paid in cash directly to team members. Rather, they will be paid directly to the individual creditors that the bill originated from, if you are requesting help with rent/utilities/mortgage, etc.

Applicant's Name: _____ **Employee ID#**:_____

Work Phone: _____ **Home Phone**: _____

Network Campus: (circle one)

Kettering Medical Center	Sycamore Medical Center	Grandview	Southview
Greene Memorial	Soin Medical Center	Kettering Physician Network	
Fort Hamilton Hospital	Troy Medical Center	Other: _____	

Home Street Address: _____

City, State, Zip Code: _____

Employment Status (circle one):

Full Time Part Time Resource

Department/Practice Name: _____

Please describe your reason for applying for emergency fund support and what steps you have taken to find other resources to assist.

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How many people live in your home? _____ Adults _____Children

If you are requesting PTO assistance, please indicate how many hours you are requesting, and document the dates of work that were missed and why:

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For the purpose of obtaining this herein requested support from Kettering Health Network Employee Emergency Fund, the undersigned warrants truth and accuracy of the foregoing information. I also agree that this confidential application shall remain the property of KHN whether the support is awarded or not.

Applicant Signature: _____ Date:_____