

**GMS FAMILY FUND
CONFIDENTIAL EMERGENCY ASSISTANCE APPLICATION**

A. EMPLOYEE INFORMATION

Employee Name: _____		Employee ID number: _____	
Employee Home Address: _____	City: _____	State: _____	Zip: _____
Work Location: _____		Employee Email Address: _____	
<input type="checkbox"/> Work Phone: _____		<input type="checkbox"/> Home Phone: _____	
(Please select the phone number where you prefer to receive calls regarding this application)			
Please select your preferred payment method: <input type="checkbox"/> Check <input type="checkbox"/> Prepaid Debit Card			

APPLICATION SUBMISSION REQUIREMENT CHECKLIST

You must complete the following requirements. Please be advised that submitting an incomplete application will result in a delay as an ***incomplete application will be returned to the applicant for resubmission with all required documentation.***

<input type="checkbox"/>	Documentation for all household members' income (copies of last tax return and verification of all other forms of income such as Social Security, short-term disability, child support, etc.) is attached. (NOTE: For Presidentially declared disasters or catastrophic home loss, documentation need not be included with application, but may be verified at a later date.)
<input type="checkbox"/>	Copies of bills for which you are requesting assistance are attached.
<input type="checkbox"/>	Documentation (proof) of the catastrophic event (fire marshal's report, police report, accident report, etc.) is attached. (NOTE: For Presidentially declared natural disasters or catastrophic home loss, no proof of catastrophic event is required. Manager confirmation of loss or photos of the loss will be accepted.)
<input type="checkbox"/>	Application is completed in its entirety.

CERTIFICATION & AUTHORIZATION

I certify that all information provided is accurate and truthful. I authorize the GMS Family Fund Approval Committee to validate the information provided on the application as part of the review process. If necessary, the GMS Family Fund Approval Committee has my permission to contact Human Resources to verify information.

Employee Signature: _____ Date: _____

Signature of and contact information for person submitting application on behalf of employee:

Signature: _____ Date: _____

Printed Name: _____ Relationship to Employee: _____

Phone Number: _____

Upon completion, mail or fax your application and supporting documentation to:

GMS Family Fund, Inc.
100 Crescent Centre Parkway, Suite 800
Tucker, GA 30084
Confidential FAX: 1-(866) 422-3956

If you have any questions about your application, please email GMS Family Fund at familyfund@gms.com

B. UNEXPECTED CATASTROPHIC EVENT

Date of Unexpected Event: _____

Please mark the box next to the catastrophic event that occurred:

- ILLNESS** **INJURY** **DEATH** of: Employee Spouse Child
 FIRE **VEHICLE ACCIDENT** **CRIME:** Domestic Violence Homicide Outside violence
 NATURAL DISASTER: **SEVERE WEATHER** **FLOOD** **TORNADO** **HURRICANE** **EARTHQUAKE**
 OTHER/EXCEPTION REQUEST: The above-listed items are generally eligible for assistance from The GMS Emergency Assistance Fund. However, if you have suffered an unexpected catastrophic event not listed, please provide as much detail and documentation about your event as possible. Each request is given consideration based on its specific circumstances.

C. DETAILS OF UNEXPECTED CATASTROPHIC EVENT

Please describe the details of your situation in specific details. (Use a separate piece of paper, if needed.)

Number of days missed from work due to event: _____ **DAYS**Total Number of VACATION or SICK hours used due to event: _____ **HOURS**

Specific dates of pay missed from work due to event: _____

Are you currently off work: YES NO

If currently off work, what is your anticipated return to work date? _____

D. ITEMS OR EXPENSES FOR WHICH YOU NEED ASSISTANCE PAYING

Please list the item(s) or expense(s) for which you are seeking assistance paying in order of importance including the dollar amount. (Use a separate piece of paper, if needed.)

- | | |
|-------------------|-------------------|
| 1. _____ \$ _____ | 4. _____ \$ _____ |
| 2. _____ \$ _____ | 5. _____ \$ _____ |
| 3. _____ \$ _____ | 6. _____ \$ _____ |

TOTAL DOLLAR AMOUNT REQUESTED FROM THE GMS FAMILY FUND \$ _____**E. HOUSEHOLD INFORMATION**

Number of ADULTS in household, including employee: _____

NUMBER of DEPENDENTS in household: Ages 0-8: _____ Ages 9-18: _____

MONTHLY HOUSEHOLD INCOME – Please include income for all members of your household.

	<i>Before</i> Event		<i>After</i> Event
1a. MONTHLY income from your GMS job AFTER taxes :	\$ _____	1b. MONTHLY income from your GMS job AFTER taxes:	\$ _____
2a. Spouse/Partner's MONTHLY income AFTER taxes:	\$ _____	2b. Spouse/Partner's MONTHLY income AFTER taxes:	\$ _____
3a. Other sources of MONTHLY income AFTER taxes ¹ :	\$ _____	3b. Other sources of MONTHLY income AFTER taxes ¹ :	\$ _____
TOTAL MONTHLY INCOME BEFORE EVENT:	\$ _____	TOTAL MONTHLY INCOME AFTER EVENT:	\$ _____

F. OTHER RESOURCESPlease indicate the amount of assistance you have already received or expect to receive in the next month from the following resource(s).

1. Life Insurance	\$ _____	4. Automobile Insurance	\$ _____
2. Homeowners Insurance	\$ _____	5. FEMA Assistance	\$ _____
3. Flood Insurance	\$ _____	6. Charitable Organizations	\$ _____

¹ Other sources of income include, but are not limited to: income of other adults in the household, Social Security, child support, short-term disability, workers' compensation, welfare cash and food stamps.