



FORM A: Employee Request for Assistance

Please submit this form to your hospital/health system HR department. The hospital/health system will determine eligibility for awards based on the criteria below. (Note to hospitals/health systems: Please keep this form on file. You do not need to submit this form to the NC Hospital Foundation. You will be submitting Forms B and C to the Foundation).

Criteria for receipt of funds:

- Holds a primary residence located in one of the FEMA-designated disaster counties
• Sustained significant damage or loss of their primary residence as a result of Hurricane Florence
• Has been continuously employed for a minimum of 90 days prior to the loss or damage
• Is able to furnish proof of loss for insurance claim and/or application for FEMA assistance
• One Application per household

Applicant Name (please print): _____

Applicant Address: _____

City/ State/ Zip: _____

Email: _____

County of Residence (please circle the county where your primary residence is located from among the List of FEMA-designated disaster counties):

Anson, Beaufort, Bladen, Brunswick, Carteret, Columbus, Craven, Cumberland, Duplin, Greene, Harnett, Hoke, Hyde, Johnston, Jones, Lee, Lenoir, Moore, New Hanover, Onslow, Orange, Pamlico, Pender, Pitt, Richmond, Robeson, Sampson, Scotland, Union, Wayne, Wilson

I do hereby make a request for financial assistance from the North Carolina Hospital Foundation Disaster Relief Fund. The financial assistance is requested as a result of significant property loss caused by Hurricane Florence. I do hereby certify that any funds I receive from the North Carolina Hospital Foundation Disaster Relief Fund will be used for unmet needs. (For example, if an employee received assistance from FEMA to repair a roof, the funds received from the North Carolina Hospital Disaster Relief Fund could be used to pay for other needs, such as debris removal, other home repairs, replacement of appliances, clothing, furniture and other contents, etc.)

I do further certify that neither I, nor my family, has any relationship with the North Carolina Hospital Foundation (or any director, officer or trustee of the foundation), which is located in Cary, North Carolina. Please direct questions to ReliefFund@ncha.org or call 919-677-2400.

Applicant Signature _____

Date _____

Witness Signature _____

