

Disaster Relief Application Request for Financial Assistance

Employee Information

Name (First, Middle, Last)	Street Address	
Hospital Site & Department	Corporate ID	
Temporary Phone Contact Information		
Briefly describe the Nature of the Loss		

Emergency Disaster Grant

Expenses to be Reimbursed - Describe the expenses that you incurred that will not be reimbursed by an insurance company.

Expenses	Amount
	\$
	\$
	\$
	\$
	\$

Emergency Loan

Amount Requested	Pay Period (PP) Repayment Amount	# of PP

I am requesting this reimbursement due to the financial hardship caused by the recent San Diego fires. I declare that the information I have provided is accurate and complete to the best of my knowledge, and that none of the expenses listed above are reimbursable by my insurance.

Signature Date

Request payment by: _____ Check to be picked up at: _____
(date) (location)

For internal use

Approved by: _____

Site Human Resources Director: _____

Chief Executive or Executive Designee: _____

Sr. VP Human Resources: _____

INSTRUCTIONS

Emergency Disaster Grant

Complete “Employee Information” and “Emergency Disaster Grant” sections. So that any funds dispersed to you are not taxable as income, we have structured reimbursement in accordance with Internal Revenue Code Section 139 which provides for tax-free reimbursements of reasonable and necessary personal, family, living or funeral expenses resulting from a qualifying disaster and for expenses to repair or rehabilitate a personal residence or its contents, to the extent the need is attributable to a qualifying disaster.

The recent fires in San Diego permit Scripps to reimburse you for these expenses. To assure that the funds maintain their tax qualified status please list, as best you can, the expense and an estimate of the amount you paid. These expenses include:

- Temporary lodging
- Food
- Clothing
- Housing repair
- Transportation
- Medical assistance

To further qualify as acceptable expenses, the expenses that you list should not be reimbursable by a third party (such as an insurance company). This will not apply in many cases since most insurance policies have deductibles that exceed the maximum amount of a grant, but you should check your policy to make sure. Also, please keep copies of all your receipts for your tax records.

Emergency Loan

Complete “Employee Information” and “Emergency Loan” sections. Please note the maximum loan amount is \$2,000 and must be repaid within 12 months.

If you have any questions about how to complete this form or any questions regarding the process, please contact your site Human Resources department