

RAPID RESPONSE FUND ASSISTANCE APPLICATION

For Adventist Health associates in need of disaster relief funds please submit the application below.

The Rapid Response Fund is our disaster preparedness fund supporting Adventist Health associates and our communities. Applications for direct associate aid are reviewed on a case-by-case basis. Approved applicants will receive support to address urgent needs that have results from this disaster.

1. Full name

2. Department

3. Job Title

4. Employee ID Number

5. Identify your Hospital or Market

6. Mobile Phone

7. Work Phone

8. Personal Email Address

Mailing Address

9. Street

10. City

State

Zip

11. Type/s of assistance requested

Financial Food/meals Health Care Spiritual Care Other

12. For financial assistance, please specify amount

13. Describe your need for assistance. What steps have you taken to find other resources to address the need? Have you reached out to resources at your hospital? Upon request you may be asked to provide documentation to support your explanation.

14. Number of dependents

15. Are you receiving other income through unemployment insurance, PTO or other income source? Yes No

16. If you answered yes above (question #13), please describe additional income source and approximate monthly income:

17. Are you related to a senior executive, officer or board member of either Adventist Health or any of its facilities? Yes No

18. Sharing stories from Rapid Response encourages more associates to apply for assistance and to give to our program. In the future, would you be willing to share your story?

(Your answer will not impact the outcome of your application review)

Yes, I am open to sharing my story in the future
 No, not at this time, thank you

19. For the purpose of obtaining this herein requested support from the ONE Adventist Health Rapid Response Fund. Only the abovenamed applicant warrants the truth and accuracy of the foregoing information. I also agree that this confidential application shall remain the property of Adventist Health whether or not the support is awarded.

I agree

I disagree

20. Upon careful review by the Committee, you will be notified if your request is approved/denied or if additional information is needed. Confidentiality is highly valued by our team; applications for assistance are only shared with associates necessary to the review process.

I agree

I disagree

Please send your completed request to the Rapid Response Fund Committee at giving@ah.org.