

**Team Roehl Employee Help Fund
Crisis Fund Application**

Personal Information

Employee Name _____ Date _____
Home Address _____
City _____ State _____ Zip _____
Phone Number _____ Email Address _____

Eligibility (Must be actively employed with Roehl for at least 90 days)

Hire Date _____ Are you on Medical Leave? ____ Yes ____ No
Are you on Workers Comp? ____ Yes ____ No Are you on Disability? ____ Yes ____ No
Have you received assistance from the Team Roehl Help Fund prior to this application?
____ Yes ____ No If yes, enter dates and amounts _____

Household Status

Are you a: ____ Single Parent ____ Couple ____ Couple with children ____ Single
Number of children living in home ____ Ages of children _____

Other Household Income

Spouse's annual income \$ _____
Monthly child support and/or alimony you pay \$ _____ or receive \$ _____

Explanation of Financial Need

Please provide specific details about the circumstances and nature of your crisis. Use the space below, or type on a separate 8 ½ x 11" piece of paper. Attach copies of any documentation that supports your financial crisis (e.g. insurance claim forms, explanation of benefits, death certificate, etc.).