COVID-19 EMERGENCY HARDSHIP FUND & COMMITTEE REQUEST FORM

This is a one-time Emergency assistance for hardship for COVID-19 related issues. An award to a member as a result of this application will not disqualify you from any future General Hardship Request

(Turn in to Gwen Maynard by email gmaynard@ufcw7.com or Fax 303-424-2416)

Member's Name: _____ SSN4: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Company: _____ Store#: _____ Email _____

Classification: _____ ☐ FT ☐ PT Years in Union: _____

Receiving Disability? ☐ Yes ☐ No ☐ Exhausted

Receiving Sick Pay? ☐ Yes ☐ No ☐ Exhausted

Vacation/Emergency/Replacement Pay? ☐ Yes ☐ No

Payable To: _____ Amount Requested: _____

Read Name at Meetings ☐ Yes ☐ No __

Reason for Need:

- ☐ Loss of income due to COVID-19 diagnosis (insert dates out of work and provide copy of doctor diagnosis) Starting: _____and Ending _____
- ☐ Loss of income due to healthcare provider recommended isolation (insert dates out of work and provide copy of Healthcare provider diagnosis) Starting: _____and Ending _____
- ☐ Loss of income due to Employer required isolation (insert dates out of work) Starting: _____ and Ending _____
- ☐ Loss of income associated with caring for a family member diagnosed with COVID-19 diagnosis (insert dates out of work and provide copy of doctor diagnosis) Starting:_____and Ending _____
- ☐ Self-isolation due to specific circumstances associated with COVID-19 (explain below circumstances surrounding your isolation and provide dates of work missed) Starting: _____ and Ending:_____
- ☐ Additional childcare expenses as related to COVID-19 (please explain below and provide copies of any receipts before and during pandemic showing the increased costs incurred)
- ☐ Medical costs associated with COVID-19 (please provide copies of receipts)

Comments:

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The amounts of this one-time Special Emergency Hardship, which are limited to a maximum of $200, shall be determined by the sole discretion of the Hardship Committee of UFCW Local 7's Executive Board.

Committee's Decision: ☐ Accept _____ ☐ Deny ☐ Hold Date: _____

Reconsideration Decision: ☐ Accept _____ ☐ Deny Date: _____

DO NOT WRITE IN THIS SPACE – LOCAL 7 OFFICE USE ONLY

Check Date: _____ Check Number: _____

Check Amount: _____ Processed: ___