Grant Cover Sheet

Network Angels is not a program of Sevita, it is a separate entity.
Applications and inquiries will be kept confidential by Network Angels, except as required by law, in the event of suspected fraud, and for verification of employment information by Sevita when given express permission from the applicant.

Eligibility

To be eligible for a grant, applicants must have all three of the following qualifications:

1. **Be an employee or contractor of a Sevita entity.**
   Contractors must have worked at least 600 hours for a Sevita entity in the last 12 months. If a Sevita team member has passed away, their immediate family can apply for assistance.
2. **Have experienced a qualifying event while employed with a Sevita entity.**
   This can be an unexpected injury or illness that has resulted in lost income or added expenses, the loss of an immediate family member, a victim of a natural disaster or a domestic violence survivor resulting in added expenses or lost income, or other qualifying unexpected event that has caused lost income or added expenses.
3. **In need of financial assistance with basic living expenses such as rent/mortgage and basic utilities, or basic funeral expenses due to the qualifying event.**

How to Apply to Network Angels

In order to complete an application for assistance, we need to receive all documentation listed:

- ☐ **Completed Application**
- ☐ **Financial Worksheet**
- ☐ **Written Explanation of Need**
- ☐ **Official Documentation of Expense** (Examples include rental lease/mortgage statement, a letter from your landlord or notice of past due rent, copies of basic utility bills, or copy of the funeral bill or final estimate.)
- ☐ **Official Documentation of Event** (Examples include approved FMLA paperwork, medical documentation showing a diagnosis and approved time off work or a hospital admission, a police or fire report, or a death certificate. If for a funeral, the funeral bill must have the name of the deceased on it and the applicant listed as the responsible party for the expense. Note that administrative leaves and vehicle-related incidents are not qualifying events.)
- ☐ **Income Verification**
  - > If you are an employee, last 2 pay stubs from Sevita with PTO balances and documentation of all other forms of income to your household.
  - > If you are an independent contractor, a copy of your most recent federal income tax return and documentation of all other forms of income to your household.

Note: Network Angels may request additional information or documentation in order to determine or clarify your qualifying event or financial need and provide a complete review of your request for assistance.

If you have any questions about your eligibility for assistance or the application process, you can contact us through our website, by email, or by phone at 877-255-2003. All inquiries are kept confidential. For more information, please read our Frequently Asked Questions (FAQs).

Submit applications by email to **networkangels@sevitahealth.com** or at **www.networkangels.org.**

Grant Application

Applications and inquiries will be kept confidential by Network Angels, except as required by law, in the event of suspected fraud, and for verification of employment information by Sevita when given express permission from the applicant.

Applicant Information

Name: _____

Home Street Address: _____

City, State and Zip Code: _____

Phone Number: _____

Email Address: _____

Sevita Entity Employment Information

Role and Location: _____

Operating Group/Function: _____

Living Situation

List all members of your household and their relationship to you:

_____

Do you have any children under 18 years of age for whom you are legally responsible for? ☐ Yes ☐ No

If yes, please list ages: _____

Request Details

Amount of assistance requested: $ _____

Grant totals are determined based on need, calculated through lost income or added expenses from the qualifying event. In the case of a funeral, a grant is determined by the basic costs of the funeral noted on the bill. Administrative leave and vehicle-related incidents are not qualifying events.

Assistance is made by paying the vendor directly for basic living expenses or basic funeral expenses on behalf of the grant recipient. Network Angels is prohibited from providing cash assistance to individuals. Please provide details for the vendor to whom you would like to have funds directed. If requesting assistance with multiple bills, include this information for all vendors.

Name of Vendor: _____

Vendor Address: _____

Vendor Phone Number: _____

Account # (if applicable): _____

Have you previously received a Network Angels grant? ☐ Yes ☐ No

Truth Disclosure Statement

To the best of my knowledge, all information and declarations on this application, including any attachments, are true and accurate representations of my current financial circumstances. I agree to provide any additional documentation upon request. I understand the penalty for misrepresentation will be the forfeiture of future eligibility for Network Angels funds, and I will be liable to repay all funds that have been granted on the basis of misrepresentation of the facts.

Signature of Applicant: _____ Date: _____

I understand typing my name constitutes a legal signature

Submit applications by email to **networkangels@sevitahealth.com** or at **www.networkangels.org.**

Household Financial Worksheet

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Name: _____

Please fill in every line and use N/A if the item is not applicable. Please attach your two most recent pay stubs with PTO balance. If a contractor, please attach your tax return or Form 1099.

Household Monthly Income	
Income from Sevita	
Other employment income	
Spouse's, partner's, or roommate's total income	
Alimony or child support received	
Other income/payments received (unemployment, social security, short term disability, etc.)	
Total Household Income	

Household Monthly Expenses	
Rent/Mortgage	
Car payment	
Gas or other transportation costs for work	
Food	
Electricity	
Telephone (cell phone and land line)	
Cable/Internet	
Child care	
Tuition	
Water	
Sewer	
Heat	
Insurance (house, car, etc.)	
Medical/dental/counseling expenses	
Medication co-pays	
Credit card payments	
Miscellaneous (clothes, haircuts, other debt payments, etc.)	
Loans (specify)	
Total Household Expenses	

Assets

Please list checking and savings account balances and all other assets for all responsible adults in your household.

Checking: _____ Savings: _____ Other assets: _____

_____ _____ _____

_____ _____ _____

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