

EMPLOYEE DISASTER RELIEF APPLICATION

Hurricane Harvey – August 25, 2017

EMPLOYEE NAME: _____

EMPLOYEE ID: _____

PHONE NUMBER: _____

FEMA ID: _____

TYPE OF LOSS (*Choose ALL that apply*):

- Damage to or loss of **PRIMARY RESIDENCE**
- Damage to or loss of **PERSONAL VEHICLE**
- Damage to or loss of **PERSONAL PROPERTY** (*e.g., CLOTHES, FOOD, FURNITURE, ETC.*)
- Other: _____

PLEASE DESCRIBE THE DAMAGE OR LOSS INDICATED ABOVE:

DAMAGE TO PRIMARY RESIDENCE:

(Complete this section if your primary residence was damaged by Hurricane Harvey):

Address: _____
Street City, State Zip Code

Are you currently able to live in your primary residence?

- Yes
- No

Flood Insurance (*Select One*):

- I **DO NOT** have Flood Insurance.
- I **HAVE** Flood Insurance, but cannot satisfy my deductible.

Windstorm Insurance (Select One):

- I **DO NOT** have Windstorm Insurance.
- I **HAVE** Windstorm Insurance, but cannot satisfy my deductible.
- I **HAVE** Windstorm Insurance, but it is not applicable to the damages to my primary residence.

Homeowner's Insurance (Select One):

- I **DO NOT** have Homeowner's Insurance.
- I **HAVE** Homeowners' Insurance, but cannot satisfy my deductible.
- I **HAVE** Homeowners' Insurance, but it is not applicable to the damages to my primary residence.

Renter's Insurance (Select One):

- I **DO NOT** have Renter's Insurance.
- I **HAVE** Renter's Insurance, but cannot satisfy my deductible.

Documentation Required for Proof of Ownership:

- A copy of your home purchase paperwork or recent mortgage statement; **or**
- A copy of your most recent property tax statement; **or**
- A copy of your rental/lease agreement; **or**
- A copy of the declaration page of all primary residence insurance policy(ies).

DAMAGE TO PERSONAL VEHICLE:

(Complete this section if your personal vehicle (i.e. the vehicle you drive to and from work) was damaged by Hurricane Harvey):

Automobile Insurance (Select One):

- I **DO NOT** have Automobile Insurance.
- I **HAVE** Automobile Insurance, but cannot satisfy my deductible.
- I **HAVE** Automobile Insurance, but it does not cover the damages to my personal vehicle.

Documentation Required for Proof of Ownership:

- A copy of your vehicle purchase or lease paperwork; **or**
- A copy of your recent vehicle financing statement; **or**
- A copy of your vehicle title; **or**
- A copy of the declaration page for your vehicle insurance policy.

AMOUNT OF ASSISTANCE REQUESTED:

- **Total Estimated Financial Loss at the Time of Application:** \$ _____
- **Amount of Financial Assistance Requested:** \$ _____

ACKNOWLEDGEMENT:

I REPRESENT and ACKNOWLEDGE that:

- (1) Submission of this application may cause Disaster Relief benefits to be paid to me.
- (2) I do not have other resources, such as insurance or other financial assistance, including reimbursement from FEMA or any other local, state, or federal relief fund that will pay or reimburse me for all of my losses from this disaster.
- (3) If my application for Disaster Relief benefits is approved, I will utilize the funds in the manner for which the money was disbursed.
- (4) The information provided in this application is true and correct and I understand that falsification of any part of this application or misuse of funds awarded is grounds for immediate termination as determined by the Human Resources Department.

EMPLOYEE NAME (PRINTED):

EMPLOYEE SIGNATURE:

EMPLOYEE I.D. #:

DATE OF APPLICATION:

DATE OF HIRE:

EMPLOYMENT CATEGORY:

SUBMIT COMPLETED AND SIGNED FORM TO:

HARRIS HEALTH SYSTEM

Attn: Jocelyn Harden, Workers' Compensation Coordinator

MAIL: 2525 Holly Hall St., Suite 100
Houston, Texas 77054
Phone (713) 566-6243

FAX: (713) 566-6024

EMAIL: Jocelyn.Harden@harrishealth.org