

Human Resources Policy/HRP-H568

Request for Assistance from the Helping Hand Fund

Please provide all information requested below. Incomplete requests will be returned to the applicant for completion.

Please check the box acknowledging you have reviewed the policy and qualify based on criteria listed in the policy. ☐ I qualify to apply.

Return your completed form via email/scan or fax to:

Janelle Ansell, Director of People Strategy

Janelle.Ansell@nwkidney.org

Fax: (206) 652-4653

Name:

Date:

Mailing address:

City:

State:

Zip:

Home phone:

Cell phone:

Department or unit:

Date of hire:

Amount requested:

Amount distributed will be based on the qualifying need, the documentation provided and the funds available.

Reason for request:

Have you inquired about charity care or payment arrangements? ☐ Yes ☐ No

If no, please contact the provider before submitting this request. If yes, what was the outcome?

Required: Please attach documentation to support your request, e.g., eviction notice, utility invoice medical bill, etc. Documentation must be submitted with your request to ensure consideration.

If approved, please send my check to:

- ☐ I will pick up my check at: ☐ My mailing address above
Burien Pavilion, 12901 20th Ave S., SeaTac, WA 98168

Please allow 5-7 business days upon approval of your request for check delivery.

HH Committee Signature:

Date:

Amount: