

COVID-19 EMERGENCY HARDSHIP FUND REQUEST FORM

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

Member's Name: _____ SSN4: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Company: _____ Store #: _____ Email: _____
Classification: _____ FT PT Years in Union _____
Receiving Disability? Yes No Pending Exhausted
Receiving Sick Pay? Yes No Exhausted
Vacation/Emergency/Replacement Pay? Yes No
Payable to: _____ Pick up check Mail check
(print)
Signature: _____ **Date:** _____

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 family member diagnosed with COVID-19 (insert dates out of work and provided copy of doctor diagnosis) Starting: _____ and Ending: _____
- Self-isolation due to specific circumstances associated with COVID-19 (explain circumstances surrounding your isolation and provide dates of work missed) Starting: _____ and Ending: _____

- Additional childcare expenses as related to COVID-19 (please explain and provide copies of any receipts before and during pandemic showing the increased cost incurred)

- Medical costs associated with COVID-19 (please provide copies of receipts)

The amounts of this one-time Emergency Hardship, which are limited to a maximum of \$200, shall be determined by the sole discretion of the Hardship Committee of UFCW Local 880 Executive Board. The Committee will contact you whether you are accepted or declined.

Please return the completed form by email 880unionyes@ufcwlocal880.com, mail or drop-off at UFCW Local 880, 9199 Market Place, Suite 2, Broadview Hts., OH 44147.