



ACORN Employee Emergency Assistance Nomination Application (Revised 03/04/20)

Date: ____/____/____

Name of Nominee: _____

Address: _____

Phone: (____) _____ - _____ E-mail: _____

OPTIONAL - Name of person submitting form (if different): _____

Nominator phone number: (____) _____ - _____ If prefer to remain anonymous, check here

Nominee's Date of Hire: ____/____/____ FT PT PRN Hours worked weekly _____

Please describe the circumstances that created the emergency: _____

Is there a specific amount of money that is needed (please explain)? _____

Are there other items that are needed (i.e. clothing, cleaning products, etc.)? _____

Has employee received assistance from this fund in the past? Yes No If yes, when? _____

Please provide any other information the ACORN Award Committee may find helpful: _____

Please submit application to Human Resources.

Approved by Human Resources (please initial): _____ Date: ____/____/____

Award decision (circle one): Yes No

If yes, amount awarded: \$ _____

Date awarded: _____