



The Purpose Fund Grant Application

DATE: _____ EMPLOYEE FIRST NAME: _____ EMPLOYEE LAST NAME: _____

EMPLOYEE ADDRESS: _____
Street Address City State ZIP Code

APPLICANT STATUS: *Select one of the following.* Current employee Surviving dependents or family of an eligible employee

EMPLOYEE ID NUMBER: _____ EMPLOYEE PHONE NUMBER: _____ EMPLOYEE EMAIL ADDRESS: _____

PREFERRED METHOD OF COMMUNICATION: *Select one of the following.* Phone Email

CURRENT JOB POSITION: Full time Part time PRN
Select one of the following.
Maximum grant amount: \$2,000 per household per hardship Maximum grant amount: \$1,000 per household per hardship Maximum grant amount: \$500 per household per hardship

QUALIFYING EVENTS *Select one of the following.*

- Death of an LHC Group employee or immediate family member (as defined below)
 - Grants to assist with funeral expenses will be considered when there is unexpected financial hardship. Only qualifying events that have occurred within the past 30 calendar days will be considered.
 - Immediate family member is defined as employee's spouse, domestic partner, dependent children, dependent step-children, or dependent children whom the employee has parenting responsibilities
 - Must certify you have an immediate need for financial assistance
 - Must provide proof of death in the form of funeral home documentation or a published obituary from a newspaper stating the date of the death as well the applicant's relationship to the deceased.

- Natural disaster – LHC Group Employee
 - Grants to assist with food, shelter or clothing needs will be considered when an event or force of nature (such as earthquake, flood, forest fire, hurricane, lightning or tornado) leads to catastrophic consequences to the employee's home. Only qualifying events that have occurred within the past 30 calendar days will be considered.
 - Must certify you have an immediate need for food, clothing or shelter.
 - Please provide proof of damages resulting from the disaster (photos or documentation).

- Household fire – LHC Group Employee
 - Grants to assist with food, shelter or clothing needs will be considered when fire makes the employee's primary residence uninhabitable. Only qualifying events that have occurred within the past 30 calendar days will be considered.
 - Must certify you have an immediate need for food, clothing or shelter.
 - Must provide copy of the fire report.

- Life threatening critical illness or injury – LHC Employee or immediate family member (as defined below and in the physician attestation)
 - Grants to assist with financial hardship incurred as a life threatening result of critical illness or injury* to you or your immediate family (spouse, domestic partner, dependent children, dependent step-children, or dependent children whom the employee has parenting responsibilities). Only qualifying events that have occurred within the past 90 calendar days will be considered.
 - Must certify you have an immediate need for financial assistance.
 - Must complete and return the physician's attestation.

**Critical illness or injury is defined as a life threatening medical condition which requires a person to be under the active care and treatment by a physician which require periodic visits for treatment that continue over an extended period of time, and may cause episodic incapacity (inability to work or perform other regular daily activities due to the serious health condition), e.g., heart attack, stroke, cancer, end-stage renal disease, major third-degree burns or paralysis.*

I certify that the information provided in this grant application is true and correct to the best of my knowledge. Any intentional misrepresentation of information contained in this application will result in forfeiting this and any future grant application. I authorize the committee administering this program to verify my employment, and I acknowledge additional personal financial information related to the hardship may be requested to process my grant application.

SIGNATURE: _____ DATE: _____

Please scan and email this form and any supplemental information or documents to Purpose.Fund@LHCgroup.com or fax to 866.469.4983 or mail to LHC Group Attn: The PURPOSE Fund 901 Hugh Wallis Road South Lafayette, LA 70508. Please allow up to two business days for an initial response.

FOR COMMITTEE USE ONLY

Grant approval: Yes No Reason: _____

Amount approved: \$ _____ Make check payable to: _____

Application ID: _____