



BETHEL COMMUNITY SERVICES
FOUNDATION INC.

Community Health Aide Emergency Fund Application

This fund is to help current or former health aides (of two years employment or more*) in the YK Delta with a personal or family emergency. If approved, the standard award is \$500. Maximum two awards during a five-year period.

Application is also online at bcsfoundation.org/chaef_app (under Grant Applications tab at bcsfoundation.org)

- 1. Name (print): _____ 2. Phone: _____
- 3. Address: PO Box/Community/Zip: _____ 4. Email: _____
- 5. # Years employed as health aide: _____ 6. Community(ies) where employed as health aide: _____
- 7. Number of people in household: _____ 8. Estimated annual household income: _____
- 9. Have you applied for this emergency grant in the past? _____ If yes, when? _____
- 10. In the box below, please describe the current emergency situation you are facing.

11. In the box below, please describe how funds will be used. *Please provide some details related to missed work, inability to work or changes to your income if your income is currently affected. If you are asking for assistance with a bill(s), please provide bill copies:*

12. _____

Signature of Current or Former Health Aide

Date

After you complete this form, you may fax or scan/email it. It can go to the SIs at CHAP via the CHAP fax: 543-6143 or to Michelle DeWitt at BCSF at michelle@bcsfoundation.org or fax: 543-1826. *Please call to confirm your fax or email was received by someone in the office! Fund committee members include: Marsha Smith, Joe Okitkun, Martha Attie, Katherine Evon and Carla Suskuk. CHAP phone: 543-6160. BCSF phone: 543-1812.*

THIS SECTION IS FOR SI STAFF ONLY:

Approved by (Emergency Fund Board member): _____ Date: _____

Michelle DeWitt at BCSF notified at michelle@bcsfoundation.org Date: _____ Time: _____

THIS SECTION IS FOR BCSF STAFF ONLY: Check received by health aide or deposited in health aide bank account. Date: _____ Time: _____