



Absolute HCBS would like to extend our support to our providers during the COVID-19 national pandemic. We understand that many of our providers are experiencing financial hardship and we want to extend a helping hand to our extraordinary providers and their families. We notice your commitment to providing essential services for individuals with disabilities during this time, and we appreciate you!

In response, Absolute HCBS has established the COVID-19 Relief Fund. The COVID-19 Relief Fund is a needs-based program that provides one-time monetary assistance to current providers for food or utilities. Our goal is to help alleviate the burden, so that you can continue working during the national emergency.

Applications for financial assistance through the COVID-19 Relief Fund must be turned into your Area Manager or Supervisor with payroll, no later than the 10 am on payroll. Providers can only apply for assistance if they are active and/or in good standing. Applications will be anonymously reviewed by the Department Heads, and awards will be granted based on demonstrated financial need.

By completing this application with a request for grocery assistance, you are granting Absolute HCBS permission to provide you with a gift card. While we will try to honor location preferences for gift cards, Absolute HCBS does not guarantee their availability. Gift cards will be mailed to you at your home address.

By completing this application with a request for utility assistance, you are granting Absolute HCBS permission to make a one-time payment directly on your behalf. Please make sure you include the utility company name, utility service address, and your account number on this application so that you can be appropriately credited. Once we make a payment on your behalf, you will be provided a receipt.

If you have any questions about the COVID-19 Relief Fund or how to apply, please reach out to your Area Manager or Supervisor.



The COVID-19 Relief Fund Application

Provider Name:

Phone:

Email Address:

Mailing Address:

City:

Zip:

Who is your Area Supervisor?

Are you a provider in good standing? Yes No

Have your hours recently been reduced due to social distancing? Yes No

Are you interested in temporarily working additional shifts for families in need? Yes No

Are you currently experiencing a financial hardship due to the Coronavirus? Yes No

If yes, please explain:

Select one area of assistance that you wish to apply for:

\$100 grocery gift card

Preference: Frys Safeway Whole Foods Trader Joes Bashas

\$100 utility credit

Utility Company* ((list only one)):

Account Number:

Utility Service Address (if different from provider mailing address above):

*Examples of utility companies include electric, water, or Internet providers.

Please share with us what you love most about being a provider at Absolute HCBS.

Disclaimer: The COVID-19 Relief Fund is offered only to providers in good standing that are currently employed by Absolute HCBS, even if temporarily furloughed. Providers in good standing have provided services within the past 30 days and have current certifications. Absolute HCBS has the sole authority to approve applications. Applications are reviewed anonymously and are approved on a need by need basis. There is a finite number of awards and the maximum award is valued at \$100. This is a one-time award.

Signature*:

Date:

*Signatures can be typed or electronically signed