

APPLICATION FOR COXHEALTH COVID RELIEF FUND

If you have been adversely affected by COVID-COVID19. You may apply for financial help. Th COVID -19, this fund is for those adversely affe	e HEROES fund i	s for those diagnosed WITH		
stress. What area has affected your family:	ected by COVID	ig to the point of the imancial		
☐ Explain your circumstance:				
** Documentation REQUIRED: Copy of last pay che	<mark>ck, recommendatio</mark>	on from supervisor and bill or invoice		
from related expense.				
Once completed, em CoxHealth Foundation <u>chf</u> (•			
Children's Miracle Network Hospitals				
Questions?	Office Use Only			
Call 417-269-7150 / 417-269-6853				
Monday – Friday from 8:30 AM – 5:00 PM	Approved Amount: \$ Date:			
	Approved by: & Check Request Date:			
Note: Applications are reviewed as received.				
APPLICANT	INFORMATION			
Employee Name:		Employee ID#:		
Current Address:				
City:	State:	ZIP:		
Email:				
Spouse's Name:				
Number of Children Living at Home:	Ages of Children:			
EMPLOYMENT/INC	OME INFORMATI	ON		
Donautmont. Location.		Cunantian Phana Numbau		

EMPLOYMENT/INCOME INFORMATION								
Department:	Location:		Supervisor Phone Number:					
Supervisor Name:		Hired: □	Full Time □ Part Time					
Monthly Gross Income:\$	Social Security:	\$	Unemployment: \$					
Alimony: \$	Child Support:	\$	Other Income: \$					

Spouse's Employer:				Snouse	's Monthly G	Grass Incom	ne·\$			
Spouse's Employer: INSURANCE COVE				's Monthly Gross Income: \$						
Medical Insurance:	Yes	No		Yes	No	Medicare	e: Yes	No		
Medical Insulance.	165	INO	FINANCI			Medicare	. 165	INO		
Name of Bank:			FINANCI	AL ASS	DEIS					
Amount in Checking:\$			Amount in Savings	s: \$						
MONTHLY EXPENSES										
Rent/Mort: \$		Utilities:	\$ Propane: \$			Mo	Mobile Phone: \$			
Food/Household: \$		Gasoline	: \$	Medical Ins.: \$		Αι	Auto Insurance: \$			
Cable/Internet: \$		Prescript	ion: \$	Credit	Credit Card(s): \$		Loan (type): \$			
Child Support: \$		Alimony:	\$	Childca	are: \$	Me	Medical Expenses: \$			
Other: \$										
Please give an accounting of your circumstances during this time to justify your request.										
I verify that the information contained on this application is correct to the best of my knowledge and that I can provide proof of any information stated on this application if requested.										
Applicant Signature					Date		Phone			