

L Brands / Salvation Army Grant Consideration Form
Associates for Associates Emergency Relief Program



Address:

The Salvation Army
 ATTN: Emergency Disaster Relief Fund Program Assistant
 966 East Main Street, Columbus, OH 43205

Fax: 614-577-3366

Note: new efax number

Documentation is required for applicants who are requesting support. Copies will be accepted.		
ASSOCIATE INFORMATION		
ASSOCIATE NAME (PLEASE PRINT)	HOME PHONE (INCLUDE AREA CODE)	OFFICE PHONE
HOME ADDRESS NUMBER AND STREET	CITY	STATE ZIP
YOUR LIMITED BRANDS LOCATION NAME	BRAND	ASSOCIATE ID NUMBER (LOCATED ON PAYSTUB)
HOME EMAIL	OFFICE EMAIL	
EMERGENCY INFORMATION		
EMERGENCY	TYPE OF EMERGENCY: <input type="radio"/> HURRICANE <input type="radio"/> TORNADO <input type="radio"/> FLOOD <input type="radio"/> EARTHQUAKE <input type="radio"/> FIRE <input type="radio"/> OTHER (DESCRIBE):	
HOMEOWNER _____ RENTER _____ ESTIMATE YOUR TOTAL REPLACEMENT COST: \$ _____		
DESCRIBE YOUR LOSS AND NEED:		
CONTINUE ON PAGE 2 IF NEEDED.		
DO YOU HAVE INSURANCE COVERAGE? <input type="radio"/> YES WHAT PERCENT OF YOUR LOSS IS COVERED? _____ % <input type="radio"/> NO	PLEASE LIST OTHER AGENCIES APPLIED TO FOR EMERGENCY AID:	NUMBER OF DEPENDENTS LIVING IN YOUR HOME?
INDICATE THE BASIC NECESSITIES FOR WHICH YOU NEED EMERGENCY CASH:		
<input type="radio"/> FOOD	<input type="radio"/> TEMPORARY HOUSING	<input type="radio"/> MEDICAL NEEDS
<input type="radio"/> CLOTHING	<input type="radio"/> TEMPORARY REPAIRS	<input type="radio"/> TRANSPORTATION
		<input type="radio"/> HOUSEHOLD ITEMS
		<input type="radio"/> FUNERAL EXPENSES
<input type="radio"/> OTHER (DESCRIBE):		
I AUTHORIZE SALVATION ARMY PERSONNEL TO SECURE AND RELEASE INFORMATION PERTAINING TO MY REQUEST FOR ASSISTANCE AND TO CONSULT WITH OTHER AGENCIES ON MY BEHALF. I UNDERSTAND THAT ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL. I UNDERSTAND THAT I CAN WITHDRAW THIS PERMISSION AT ANY TIME IN WRITING.		
SIGNATURE: _____	BUSINESS PHONE NUMBER: _____	DATE: _____

More Information below: