## Request for Assistance a tria c a res Request for Assistance

## We're in this together.

Atria employees who have been affected personally by California wildfires may benefit from Atria Cares.<sup>M</sup> Atria Cares provides financial grants – not loans – to Atria employees who are facing personal crises and financial hardship due to unforeseen and often tragic events in their lives.

Due to immediate needs, we are making exceptions to our normal application process to help expedite relief. To request assistance, complete the application below. (Atria Cares' forms and requests are confidential.)

Including yourself, total number of pe	ople in your household:		
Please complete the information belo	w:		
Employee name:			
Job title:	Community:		
Please select which short-term emerg	gency need(s) you have:		
□ Food/water □ Shelter □ Tra	ansportation 🛛 Clothing 🔲 M	edical care	
Please provide an explanation of your	loss and financial needs:		
Employee signature:			
Print Employee name:			
Executive Director/General Manager	signature (required):		
Print Director/Manager name:		Date:	
After the Executive Director or Gene email, fax or mail to the Atria Support Atria Cares, 300 East Market Stree Email: AtriaCares@AtriaSeniorLivir	t Center, Attention: et, Suite 100, Louisville, KY 40202		on by