



Henry Ford Health System - Helping Hands Application

Please complete and return to the HR Representative in your Business Unit

Name Of Applicant _____	Employee Number _____
Home Street Address _____	HFHS Location _____
Home City & Zip code _____	Business Unit _____
Home Telephone _____	Work Telephone _____
Status: Employee _____ Volunteer _____ Retiree _____	
Sponsor's Name _____	Sponsor's Telephone _____

Eligibility Criteria (all criteria must be met)

- **Employee** applicant must be on the System Payroll and completed a minimum of six (6) months of continuous service
- **Volunteer/retiree** applicant must be in good standing and have completed a minimum of six (6) months of continuous service
- Applicant has not reached the maximum benefit amount from Helping Hands in the last 12 months
- **Explain catastrophic situation on back of form**
- Applicant must have had a catastrophic event within the last 60 days
- Indicate type catastrophic event (ie, Fire, Theft, Death, Injury, Illness):

- **Attach proof / supporting documentation**

Application Information

Application Date _____	Maximum Helping Hands benefit amount in last 12 months
Amount Requested _____	● up to \$1,500 for Employees
	● up to \$500 for Volunteers/Retirees

Have you requested Helping Hands Funds in the past?

No _____ Yes _____ Date if Yes _____

Have you been approved for Helping Hands Funds in the past?

No _____ Yes _____ Date if Yes _____ Amount if Yes _____

If Helping Hands Funds are approved, what will the funds be used for?

I wish to apply for assistance from the HFHS Helping Hands Program. The information that I have provided is accurate to the best of my knowledge. I give Helping Hands the approval to view my record to assist in the decision process (bill balances, short term disability payments, etc.). Copies of bills to be considered for payment are attached.

Received HR/date: _____ Applicant's Signature _____

Committee Review

Amount Approved _____	Make Check Payable To _____
-----------------------	-----------------------------

HOLD (More information needed) _____

DENIED (specify reason) _____

application# _____	Meeting Date _____	Entered in Database _____	Completed By _____
--------------------	--------------------	---------------------------	--------------------