



**SHORT TERM EMERGENCY \$5,000 GRANT  
REQUEST AND ATTESTATION**

**Southern California Wildfire Assistance –2018**

**Deadline for form submission: 2/28/19**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee/Physician #: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Work Location & Medical Center: \_\_\_\_\_  
Home Address: \_\_\_\_\_

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Amount requested: \$\_\_\_\_\_ (Up to \$5,000.00 net)

**NOTE:** This is reportable income.

This is to certify that my owned or rented primary residence was destroyed or declared uninhabitable in the SCAL wildfires of November 2018.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

Scan and Email Employee Request Forms to: [deborah.silverman@kp.org](mailto:deborah.silverman@kp.org), HR Compliance.  
Physicians may contact Permanente Human Resources Shared Services at 1-877-608-0044 to initiate a Short-Term Emergency Grant request.