



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

**Southern California Wildfire Assistance-October 2019**

**Deadline for form submission: 1/11/20**

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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 October, 2019.

\_\_\_\_\_  
**Signature**

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

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