



**SHORT TERM EMERGENCY SUPPORT
REQUEST & ATTESTATION**

Southern California Wildfire Assistance-2020

Deadline for form submission: 11/19/20

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

Amount Requested: \$ _____ (Up to \$500.00 Net)

NOTE: This is reportable income.

This is to certify that I have an immediate need for the following due to being under mandatory evacuation orders from my primary residence for a minimum of 48-hours as a result of the wildfires of 2020.

- Food
- Clothes
- Temporary Shelter
- Other (please specify): _____

Please attach applicable receipts if available.

I prefer to have the check direct deposited.

I prefer to pick up the check at (check one):

- Local Human Resources Office
- Local Business Office
- Local Associate Medical Director Office (Physicians Only)
- Other (please specify): _____

I prefer to have the check mailed to this address:

Signature _____ Date _____

**Scan and Email Employee Request Forms to: 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 Support request.**