



SMS Cares Application for Assistance

NAME (MR/MS) _____ LAST _____ FIRST _____ MI _____

ADDRESS _____ SS# or Payroll I.D. # _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE (____) _____ MOBILE PHONE (____) _____

COMPANY Block by Block CSC SMS WTC Ventures

LOCATION NAME AND # _____

POSITION _____ LENGTH OF EMPLOYMENT _____

TYPE OF ASSISTANCE Personal Tragedy Natural Disaster

Does the employee have an e-cash card or total pay card? _____ Yes _____ No

Describe the cause and the resulting damage to your home and belongings, and the current situation of you and your family that make it necessary for you to seek assistance.

What are your most immediate and pressing needs for assistance? (Please be specific; i.e. food, clothing, temporary housing, etc.)

What amount of financial assistance do you estimate that you need? (Please be specific; i.e. how much money do you need for any of the above listed needs.) _____

How can we get in touch with you and or get assistance to you?



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Did you have homeowner's or renter's insurance? Yes No

Did it cover the type of damage you sustained? Yes No

Have you filed a claim with your insurance agency? Yes No

Have you requested assistance from any local, state or federal organizations, such as:

Red Cross? FEMA? Church/Synagogue/Mosque?

Other social service agency for assistance? Who? _____

Manager Name _____ Manager Phone Number _____

Application completed by _____ Date _____

HOW TO SUBMIT

Submit to your Manager

OR

Mail to SMS Cares Fund
7135 Charlotte Pike, Suite 100
Nashville, TN 37209

OR

Fax to 1-866-216-9065
Attn: SMS Cares Fund