



# 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  FirstLine  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.

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

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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