



THCA Education Foundation's
**"Heroes of Long Term Care
Hurricane Relief Fund"**
Application for Assistance

Employee's Name:		Date:	
Employee's Home Address:			
Facility Where Employee Works:	Employee's Position:	Status (FT / PT):	Years Employed in LTC:
Facility Address:		Facility Telephone Number:	
Facility Administrator/Executive Director:		Admin/Exec Dir Email:	
Provide an Example of the Employee's Commitment to the Facility and Residents:			
Provide a Description of the Employee's Hardship:			
Provide a Description of the Employee's Most Vital Needs at This Time:			
Person Completing Form		Title:	
Contact Telephone Number		Email Address:	

Mail Application To:
THCA Education Foundation
1108 Lavaca Street
Suite 500
Austin TX 78701

FAX:
1-512-467-9575

EMAIL:
HurricaneHarveyHeroes@txhca.org