



## COVID-19 Application Form

\*Please email completed applications and any questions to [COVIDhelp@moveonupms.org](mailto:COVIDhelp@moveonupms.org)

Name: \_\_\_\_\_  
*first initial last*

Adult Partner's Name: \_\_\_\_\_  
*first initial last*

### Members of the household:

1. \_\_\_\_\_  
*name age food allergies*
2. \_\_\_\_\_  
*name age food allergies*
3. \_\_\_\_\_  
*name age food allergies*
4. \_\_\_\_\_  
*name age food allergies*
5. \_\_\_\_\_  
*name age food allergies*
6. \_\_\_\_\_  
*name age food allergies*
7. \_\_\_\_\_  
*name age food allergies*
8. \_\_\_\_\_  
*name age food allergies*

Address: \_\_\_\_\_  
*number street Apt No., Unit No., P.O Box*

City, State, Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Reason for loss of employment or deduction of hours:** *(Check the applicable circle)*

- Public Health Crisis - employer's decision
- Doctor's ordered Quarantine
- Doctor's Diagnosed CoVID-19
- Other

*\*Please attach proof of Doctor's ordered quarantine and/or diagnosis*

**Describe your situation:**

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**Employer Information:**

Name of Employer: \_\_\_\_\_

Phone Number of Employer: \_\_\_\_\_

Email Address of Employer: \_\_\_\_\_

**\*\*All information will be reviewed confidentially.**