



# APPLICATION FOR ASSISTANCE

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## OVERVIEW

Michaels CARES is a non-profit organization that provides short-term financial assistance to Michaels Team Members for unforeseen expenses that may arise due to an emergency or hardship. The Michaels CARES Board determines approval or denial of submitted applications. Information provided to Michaels Cares is kept confidential and only used for the purpose of approving grants to Team Members. Michaels CARES Board makes all final decisions on grant awards.

## ELIGIBILITY

- Team Members of The Michaels Companies including its subsidiaries and affiliates are eligible to apply after **30 days of employment** including part-time, temporary, or seasonal workers. Employees of third-parties doing work on behalf of The Michaels Companies are not eligible for assistance at this time.
- A Team Member may only receive a grant for a situation once and **grants are not retroactive once paid.**
- Eviction/foreclosure grants are one per address once per year.
- Unhoused grants are only awarded once per Team Member.
- Dependents are defined as someone claimed as a dependent on income taxes or legal documents that states dependency.
- All grant applications must be for a situation that occurred while employed with Michaels.
- The Michaels CARES grant has a lifetime grant max of \$7,500 per Team Member.

## WHEN MICHAELS CARES CAN HELP

Michaels CARES can help if a Team Member or a close family member has experienced:

- Destruction or major damage to primary residence.
- Critical illness or injury of Team Member or eligible family members.
- Death of Team Member or eligible family members.
- Home foreclosure or eviction.
- Forced evacuation due to government/federal mandate.
- Unhoused.
- Transportation Issues due to car theft or accident.

## MICHAELS CARES DOES NOT HELP IN THE FOLLOWING SITUATIONS

- × Damage/Destruction/Foreclosure/Eviction from non-primary residence.
- × Vehicle repairs, payments, insurance, etc.
- × Debt Collections, Credit Card, or personal loan payments.
- × Situations in which life insurance is greater than \$20,000.
- × Divorce, child support, dispute without police report.
- × Lost food due to power loss.
- × Lost wages for any event.

## QUESTIONS?

Speak to your sponsor – or - contact Michaels CARES:

Email: [MichaelsCares@michaels.com](mailto:MichaelsCares@michaels.com).



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Team Member Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Postal or Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Work Location (Division): \_\_\_\_\_ Store / CC #: \_\_\_\_\_ Team Member ID #: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

- Reason for Grant:
- Destruction or Severe Damage to Home
  - Forced Evacuation
  - Critical Illness or Injury
  - Death
  - Foreclosure or Eviction
  - Unhoused
  - Transportation

*Situations outside of the above are not considered eligible by Michaels CARES.*

**Optional Questions** (information collected is used solely for identifying additional resources and not shared outside of Michaels CARES)

- Are you a veteran?
  - Yes
  - No
  - If yes, do you have a disability rating and what is it? \_\_\_\_\_
  - Not Disclosing
- Are you LGBTQ+?
  - Yes
  - No
  - Not Disclosing
- Are you or someone in your household disabled?
  - Yes
  - No
  - Not Disclosing
- Do you live with dependent children under 18 years old?
  - Yes
  - No
  - Not Disclosing
- Are you currently at risk of becoming unhoused?
  - Yes
  - No
  - Not Disclosing

**Briefly describe your situation.**

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# APPLICATION FOR ASSISTANCE

<b>Damage or Destruction of primary residence</b> Due to natural disaster, fire, or a crime		Apply within 90 days of natural disaster
We Help With	We Do Not Help With	Maximum Amount
<input checked="" type="checkbox"/> Temporary housing, food, and clothing <input checked="" type="checkbox"/> Past due rent/water/gas/electric, <input checked="" type="checkbox"/> Home rebuilding costs and essential appliances	× Down payment on new home × Moving expenses × Normal wear and tear on appliances	\$2,500
1. Is this the Team Member's primary residence? 2. Is insurance paying for immediate needs? 3. Will insurance reimburse out-of-pocket living expenses? 4. Will the Team Member be able to return to the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Include copies of the following:</b> <ul style="list-style-type: none"> <li>• Fire, Police, or Insurance Report</li> <li>• Receipts for housing, food, clothing</li> <li>• Invoice or Quote for repairs</li> </ul>

\*Non Eligible situation

<b>Unhoused</b> Due to personal reasons. <b>One grant per Team Member.</b> Eviction/Foreclosure grant recipients do not qualify.		Apply within 6 months of unhoused occurrence
We Help With	We Do Not Help With	Maximum Amount
<input checked="" type="checkbox"/> Temporary housing, food, clothing	× Furniture/Appliances/Electronics	\$1,000
1. Is the team member without safe residence? 2. Can the sponsor verify the situation? 3. Did sponsor write a statement verifying the situation and attach to application?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Include copies of the following:</b> <ul style="list-style-type: none"> <li>• Statement from TM explaining the situation</li> <li>• Statement from sponsor verifying the information</li> </ul>

<b>Death of family member</b> Team Member, Spouse, Child, Grandparent, Grandchild, Parent (In-laws) or Dependent		Apply within 6 months from date of death
We Can Help With	We Do Not Help With	Maximum Amount
<input checked="" type="checkbox"/> Funeral expenses <input checked="" type="checkbox"/> Travel expenses <input checked="" type="checkbox"/> Past due rent/water/gas/electric <input checked="" type="checkbox"/> Transportation or funeral cost for sibling (max: \$1000)	× Medical expenses × Legal fees	\$1,500
1. Does the deceased meet the family member criteria listed above? 2. Does the deceased have Life Insurance greater than \$20,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Yes* <input type="checkbox"/> No	<b>Include copies of the following:</b> <ul style="list-style-type: none"> <li>• Funeral bill or quote</li> <li>• Death Certificate</li> <li>• Insurance report</li> </ul>

\*Non Eligible situation



# APPLICATION FOR ASSISTANCE

<b>Critical Illness/Injury</b> Team Member, Spouse, Minor Child, Roommate, or Dependent		Apply within 12 months of last treatment
<b>We Can Help With</b>	<b>We Do Not Help With</b>	<b>Maximum Amount</b>
<input checked="" type="checkbox"/> Diagnosed Medical expenses, premiums/copays <input checked="" type="checkbox"/> Prescription and critical medical device costs <input checked="" type="checkbox"/> Past due rent/water/gas/electric, food and clothing <input checked="" type="checkbox"/> Travel to visit terminally ill parent, child, or spouse (max: \$1000)	× Cosmetic surgery or treatments × Dental Procedures × Medical Expenses sent to collections × Worker's Comp Claims	\$1,750
1. Is the affected person covered by medical insurance (workers' comp recipients are not eligible)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b><i>Include copies of the following:</i></b> <ul style="list-style-type: none"> <li>Physician's Medical Diagnosis</li> <li>Medical and prescription Invoices (no EOB's)</li> <li>Past Due Household Invoices</li> </ul>
2. Unpaid medical bills? Estimated Amount \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Receive disability? Amount \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>*Non Eligible situation</i>		

<b>Notice of Foreclosure or Eviction from Primary Residence</b> Foreclosure/ Eviction only granted once per year once per address. Unhoused grant recipient not eligible.		Apply within 6 months from notice date
<b>We Can Help With</b>	<b>We Do Not Help With</b>	<b>Maximum Amount</b>
<input checked="" type="checkbox"/> Foreclosure/eviction notice <input checked="" type="checkbox"/> Temporary housing	× Furniture/appliances/electronics × Storage costs	\$1,000
1. Is this the Team Member's primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<b><i>Include copies of the following:</i></b> <ul style="list-style-type: none"> <li>Notice of Foreclosure/Eviction</li> <li>Lease agreement</li> </ul>
2. Does the Team Member have other financial support? If Yes, please state amount: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>*Non Eligible situation</i>		

<b>Forced Evacuation from primary residence by local authority</b> Due to natural disaster, crime or other hazardous condition		Apply within 60 days of evacuation
<b>We Help With</b>	<b>We Do Not Help With</b>	<b>Maximum Amount</b>
<input checked="" type="checkbox"/> Temporary housing, food and clothing bought during evacuation <input checked="" type="checkbox"/> Past due rent/water/gas/electric	× Down payment on new home × Food loss from power outage × Repairs/Furniture/appliances/electronics	\$500
1. Is this the Team Member's primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<b><i>Include copies of the following:</i></b> <ul style="list-style-type: none"> <li>Any document stating evacuation was ordered or necessary (Government decree)</li> <li>Receipts from all qualifying expenditures</li> </ul>
2. Is insurance paying for immediate needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Will insurance reimburse out-of-pocket living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Will the Team Member be able to return to the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>*Non Eligible situation</i>		



# APPLICATION FOR ASSISTANCE

Transportation Issues Due to gap in reliable transportation caused by theft, accident, or natural disaster		Apply within 6 months of transportation issue occurrence
We Help With	We Do Not Help With	Maximum Amount
<input checked="" type="checkbox"/> Money to cover ride services to/from work	× Insurance deductible, auto repairs/maintenance, auto purchase	\$500

1. Is the team member without reliable transportation to get to work?  Yes  No
2. Was the transportation damaged from theft, accident, or natural disaster?  Yes  No\*
- Include copies of the following:**
- Police report/insurance for theft or accidents
  - Statement from the TM explaining the situation
  - Statement from sponsor verifying the information

\*Non Eligible situation

To the best of my knowledge, all information provided above is true and accurate.

**Team Member**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Sponsor: Check if completing for Team Member**

**Sponsor**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### APPLICATION CHECK LIST

- The application completed in its entirety
- The Sponsor signed the application
- Supporting documents have been attached – more is better!
- Michaels CARES may share my situation internally without personal identifiable information.

**VIA MAIL** \*APPLICATIONS VIA MAIL MAY TAKE UP TO 3 WEEKS TO PROCESS

Michaels CARES  
 Attn: Michaels Cares Coordinator  
 3939 W. John Carpenter Frwy  
 Irving, TX 75063

### VIA ONLINE APPLICATION

Online application available on portal or intranet

**VIA EMAIL**\*SEND FOLLOW UP EMAIL TO ENSURE DELIVERY

Email application to MichaelsCares@michaels.com