APPLICATION FOR ASSISTANCE

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 unforeseen emergency or hardship. The Michaels Cares Voting Committee determines grants or denials of submitted applications. Information provided to Michaels Cares is kept confidential and only used for the purpose of approving grants to Team Members.

ELIGIBILITY
All Team Members of The Michaels Companies including its subsidiaries and affiliates are eligible to apply 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.

WHEN MICHAELS CARES CAN HELP
Michaels Care can help if a Team Member or a close family member has experienced:
- Destruction or major to primary residence
- Life-threatening illness or injury.
- Death of Team Member or close Family member
- Home foreclosure or eviction due to specific situations
- Forced evacuation due to natural disasters or government mandate

MICHAELS CARES DOES NOT HELP IN THE FOLLOWING SITUATIONS
- Damage/Destruction/Foreclosure/Eviction from non-primary residence.
- Vehicle repairs, payments, insurance, etc.
- Situations in which life insurance is greater than $20,000.
- Divorce, child support, dispute without police report.

APPLICATION PROCESS
- Team Member (or sponsor) completes this application.
- Send completed application and documentation to Michaels Cares:
  
  VIA MAIL
  Michaels CARES
  Attn: Michaels Cares Coordinator
  3939 West John Carpenter Freeway
  Irving, TX 75063

  VIA FAX to 972-409-5895

  VIA E-MAIL to MichaelsCares@michaels.com

- Maintain a copy of your application and documentation for your records.

QUESTIONS?
Speak to your sponsor or contact Michaels Cares at 972-409-5858 or MichaelsCares@michaels.com

Revision: 2/8/2021
APPLICATION FOR ASSISTANCE

Team Member Name: ____________________________  Job Title: ____________________________

Current Street Address: ________________________________________________________________

City: ____________________________  State or Province: ____________________________  Postal or Zip Code: ____________________________

Phone: ____________________________  E-Mail Address: ____________________________

Work Location (Division): ______________________________________________________________

Hire Date: ____________________________  Sponsor Name: ____________________________

Reason for Grant: □ Destruction or Severe Damage to Home  □ Forced Evacuation  □ Life-threatening Illness or Injury  □ Death  □ Foreclosure or Eviction  □ COVID-19 Exposure with Quarantine

Briefly describe your situation.

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**Damage or Destruction of primary residence**
Due to natural disaster, fire or a crime

<table>
<thead>
<tr>
<th>We Help With</th>
<th>We Do Not Help With</th>
<th>Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>◦ Temporary housing, food and clothing,</td>
<td>□ Down payment on new home</td>
<td>$2,500</td>
</tr>
<tr>
<td>◦ Past due rent/water/gas/electric,</td>
<td>□ Moving expenses</td>
<td></td>
</tr>
<tr>
<td>◦ Home rebuilding costs and essential appliances</td>
<td>□ Normal wear and tear on appliances</td>
<td></td>
</tr>
<tr>
<td>◦ Is this the Team Member’s primary residence?</td>
<td>□ Yes  □ No*</td>
<td></td>
</tr>
<tr>
<td>◦ Is insurance paying for immediate needs?</td>
<td>□ Yes  □ No</td>
<td></td>
</tr>
<tr>
<td>◦ Will insurance reimburse out-of-pocket living expenses?</td>
<td>□ Yes  □ No*</td>
<td></td>
</tr>
<tr>
<td>◦ Will the Team Member be able to return to the home?</td>
<td>□ Yes  □ No*</td>
<td></td>
</tr>
</tbody>
</table>

*Non Eligible situation

Include copies of the following:
- Fire, Police, or Insurance Report
- Receipts for housing, food, clothing
- Invoice or Quote for repairs

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**Death of family member**
Team Member, Spouse, Child, Grandparent, Grandchild, Parent(In-laws) or Dependent

<table>
<thead>
<tr>
<th>We Can Help With</th>
<th>We Do Not Help With</th>
<th>Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>◦ Funeral expenses</td>
<td>□ Medical expenses</td>
<td>$3,000</td>
</tr>
<tr>
<td>◦ Travel expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>◦ Past due rent/water/gas/electric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>◦ Transportation to a sibling's funeral</td>
<td></td>
<td>$1,000</td>
</tr>
<tr>
<td>◦ Does the deceased meet the family member criteria listed above?</td>
<td>□ Yes  □ No*</td>
<td></td>
</tr>
<tr>
<td>◦ Does the deceased have Life Insurance greater than $20,000?</td>
<td>□ Yes*  □ No</td>
<td></td>
</tr>
</tbody>
</table>

Include copies of the following:
- Funeral bill or quote
- Death Certificate
- Insurance report
### Life-threatening Illness/Injury of family member

*Team Member, Spouse, Minor Child, Roommate, or Dependent*

<table>
<thead>
<tr>
<th>We Can Help With</th>
<th>We Do Not Help With</th>
<th>Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosed Medical expenses, premiums/copays</td>
<td>Cosmetic surgery or treatments</td>
<td></td>
</tr>
<tr>
<td>Past due rent/water/gas/electric, food and clothing</td>
<td>Home modifications</td>
<td></td>
</tr>
<tr>
<td>Travel to visit terminally ill parent, child or spouse</td>
<td>Roommate’s household expenses</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

- Is the affected person covered by medical insurance? [Yes] [No]  
- Unpaid medical bills? Estimated Amount $___________ [Yes] [No]  
- Receive disability? Amount $__________  

*Non Eligible situation

### Notice of Foreclosure or Eviction from Primary Residence

*Due to death, life-threatening illness/injury, job layoff, victim of a crime*

<table>
<thead>
<tr>
<th>We Can Help With</th>
<th>We Do Not Help With</th>
<th>Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreclosure/eviction notice</td>
<td>Furniture/appliances/electronics</td>
<td>Eviction - $500</td>
</tr>
<tr>
<td>Temporary housing</td>
<td></td>
<td>Foreclosure - $1,000</td>
</tr>
</tbody>
</table>

- Is this the Team Member’s primary residence? [Yes] [No]  
- Does the Team Member have other financial support? If Yes, please state amount: $__________  
- What is the cause of the foreclosure/eviction? [Death] [Life threatening illness/injury] [Job layoff of Team Member or spouse] [Victim of a Crime]  

*Non Eligible situation

### Forced Evacuation from primary residence by local authority

*Due to natural disaster, crime or other hazardous condition*

<table>
<thead>
<tr>
<th>We Help With</th>
<th>We Do Not Help With</th>
<th>Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporary housing, food and clothing</td>
<td>Down payment on new home</td>
<td>$500</td>
</tr>
<tr>
<td>Past due rent/water/gas/electric</td>
<td>Moving expenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Repairs/Furniture/appliances/electronics</td>
<td></td>
</tr>
</tbody>
</table>

- Is this the Team Member’s primary residence? [Yes] [No]  
- Is insurance paying for immediate needs? [Yes] [No]  
- Will insurance reimburse out-of-pocket living expenses? [Yes] [No]  
- Will the Team Member be able to return to the home? [Yes] [No]  

*Non Eligible situation

### Temporary COVID-19 Relief Grant

*Due to exposure to the COVID-19 requiring quarantine*

<table>
<thead>
<tr>
<th>We Help With</th>
<th>We Do Not Help With</th>
<th>Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relief for quarantine period related to a COVID-19</td>
<td>Job-related exposure</td>
<td>$500</td>
</tr>
<tr>
<td>exposure outside of work (Effective January 1, 2021)</td>
<td>Paid Quarantine</td>
<td></td>
</tr>
</tbody>
</table>

- Did the quarantine period begin after December 28, 2020? [Yes] [No]  
- Was the exposure determined to be outside of work? [Yes] [No]  
- Did you have to quarantine without pay? [Yes] [No]  
- Are you an hourly Team Member? [Yes] [No]  

*Non Eligible situation

Include copies of the following:  
- Any document stating quarantine was ordered or necessary

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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: ________________________________

BEFORE YOU SEND IN THIS APPLICATION
☐ 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.