



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



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): _____ Store / CC #: _____ Team Member ID #: _____

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

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

Briefly describe your situation.

Damage or Destruction of primary residence 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
<ul style="list-style-type: none"> Temporary housing, food and clothing, Past due rent/water/gas/electric, Home rebuilding costs and essential appliances 	<ul style="list-style-type: none"> Down payment on new home Moving expenses Normal wear and tear on appliances 	\$2,500
<ul style="list-style-type: none"> Is this the Team Member's primary residence? Is insurance paying for immediate needs? Will insurance reimburse out-of-pocket living expenses? Will the Team Member be able to return to the home? 	<ul style="list-style-type: none"> <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 	<p><i>Include copies of the following:</i></p> <ul style="list-style-type: none"> Fire, Police, or Insurance Report Receipts for housing, food, clothing Invoice or Quote for repairs
<i>*Non Eligible situation</i>		

Death of family member 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
<ul style="list-style-type: none"> Funeral expenses Travel expenses Past due rent/water/gas/electric Transportation to a sibling's funeral 	<ul style="list-style-type: none"> Medical expenses 	\$3,000 \$1,000
<ul style="list-style-type: none"> Does the deceased meet the family member criteria listed above? Does the deceased have Life Insurance greater than \$20,000? 	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Yes* <input type="checkbox"/> No 	<p><i>Include copies of the following:</i></p> <ul style="list-style-type: none"> Funeral bill or quote Death Certificate Insurance report



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**Non Eligible situation*

Life-threatening Illness/Injury of family member Team Member, Spouse, Minor Child, Roommate, or Dependent		Apply within 12 months of last treatment
We Can Help With	We Do Not Help With	Maximum Amount
<ul style="list-style-type: none"> Diagnosed Medical expenses, premiums/copays Past due rent/water/gas/electric, food and clothing Travel to visit terminally ill parent, child or spouse 	<ul style="list-style-type: none"> Cosmetic surgery or treatments Home modifications Roommate's household expenses 	\$3,000

- Is the affected person covered by medical insurance? Yes No
- Unpaid medical bills? Estimated Amount \$ _____ Yes No
- Receive disability? Amount \$ _____ Yes No

Include copies of the following:

- Physician's Medical Diagnosis
- Explanation of Benefits or Medical Invoices
- Past Due Household Invoices

**Non Eligible situation*

Notice of Foreclosure or Eviction from Primary Residence Due to death, life-threatening illness/injury, job layoff, victim of a crime		Apply within 6 months from notice date
We Can Help With	We Do Not Help With	Maximum Amount
<ul style="list-style-type: none"> Foreclosure/eviction notice Temporary housing 	<ul style="list-style-type: none"> Furniture/appliances/electronics 	Eviction - \$500 Foreclosure - \$1,000

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

Include copies of the following:

- Notice of Foreclosure/Eviction
- Lease agreement
- Medical Diagnosis, Funeral Invoice, Police Report or Layoff Notice

**Non Eligible situation*

Forced Evacuation from primary residence by local authority Due to natural disaster, crime or other hazardous condition		Apply within 60 days of evacuation
We Help With	We Do Not Help With	Maximum Amount
<ul style="list-style-type: none"> Temporary housing, food and clothing Past due rent/water/gas/electric 	<ul style="list-style-type: none"> Down payment on new home Moving expenses Repairs/Furniture/appliances/electronics 	\$500

- 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

Include copies of the following:

- Any document stating evacuation was ordered or necessary

**Non Eligible situation*

Temporary COVID-19 Relief Grant Due to exposure to the COVID-19 requiring quarantine		Apply within 60 days of quarantine
We Help With	We Do Not Help With	Maximum Amount
<ul style="list-style-type: none"> Relief for quarantine period related to a COVID-19 exposure outside of work (Effective January 1, 2021) 	<ul style="list-style-type: none"> Job-related exposure Paid Quarantine 	\$500

- 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*

Include copies of the following:

- Any document stating quarantine was ordered or necessary

**Non Eligible situation*



APPLICATION FOR ASSISTANCE

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.