



Medical Event Worksheet

This Worksheet has been created to assist you in collecting data to complete a HOPE Fund request for a Medical event. You must have ALL required data before beginning the application. For Kindred Management - The online application does NOT allow you to save it and return at a later time.



- Employee First/Last Name, Title, Personnel Number, and Home Address

- Employee Status/Length of Service

- Date of Hire and current employee status (i.e., full time, part time, per diem) _____
- Date(s) of employee leave in the past 120 days _____



- Date of Event _____
- Describe diagnosis, treatment or procedure in detail: _____

- Relationship to Employee _____
- Is employee financially responsible? Yes No
- What were the lost wages associated with the event? _____

- Reason for financial hardship caused by the event and any out of pocket costs? _____

Kindred Management: Do not submit this form to the HOPE Fund. Applications MUST be submitted electronically through the HOPE Fund application found on KNECT.

Gentiva Employees: Please submit worksheet to your Branch Manager who will fax worksheet/documents to 877-737-1924.

Please fax all supporting documentation to 877-737-1924.