

# FirstService Relief Fund

		QUALIFIED EXPENSES THAT ARE COVERED BY GRANTS																				
		IMMEDIATE NEEDS				MEDICAL			HOUSING *							TRANSPORTATION			MISC.			
		Food – immediate needs only (usually applicable up to 2-4 weeks after the Event)	Clothing – immediate needs only (usually applicable up to 2-4 weeks after the Event)	Reasonable evacuation expenses resulting from an Event	Reasonable funeral, travel and burial expenses.	Significant medical expenses	Prescription medications	Travel expenses related to the medical care	Rent: temporary housing up to 30 days	Reasonable repairs to damaged property	Essential appliances and furnishings	Essential utilities (gas, water and electricity)	Security deposits (for new housing if unable to inhabit existing home)	Mortgage or rent assistance for primary residence	Adaptive improvements and solutions related to the Event	Repairs other than routine maintenance, or repairs that could not have been avoided	Cost of public or commercial transportation	Cost of car rental up to 30 days	Psychological counseling deemed by a physician to be necessary following an Event	Expenses resulting from flight from domestic violence such as temporary housing, etc.	Unable to work due to the event	Unexpected child care up to 60 days
QUALIFIED EVENTS THAT ARE COVERED BY GRANT	Natural disaster such as flood, wildfire, tornado, earthquake, tsunami, volcanic eruption, blizzard, drought, cyclone, hurricane, typhoon or severe storms.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Terrorist actions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Disaster resulting from an accident involving a common carrier such as buses, trains, ferry, planes or trucks	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Military Deployment (employee, spouse or domestic partner called to active duty)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Impacts primary residence: fire, flood or unusual life-altering expense not paid by insurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Serious illness or injury	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Non-routine/exceptional medical expense	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Victim of a violent crime	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Domestic abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Death of employee or their immediate family member	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

\* Primary residence only