



California Pest Management Association Committee Action Relief in Emergency Situations

This form will be used to gather information needed to determine if there will be assistance given, along with names, addresses and other pertinent information needed by the Trustees of CAPMA C.A.R.E.S. This information will be held in the strictest of confidence and only shared with the Trustees of CAPMA C.A.R.E.S. and the CAPMA Staff. Recipients are limited to member companies of CAPMA, their employees and immediate family members. **PLEASE INCLUDE COPIES OF ALL BILLS OR RECEIPTS THAT WOULD BE RELATED TO THIS REQUEST.**

Date: _____

Name of Person Making Request: _____ Phone #: _____

CAPMA Member Company the person is employed by: _____

Is the above CAPMA Member Company in good standing? YES NO

Is the person needing assistance named below an employee of the company above? YES NO

Name of Person Needing Assistance: _____ Phone #: _____

Address: _____ City: _____ Zip Code: _____

Relationship of the person needing assistance to Employee or Company: _____

Are there insurance or other program(s) that will be assisting in their need(s)? YES NO

Please explain: _____

Does the assistance plan(s) about have limitations or waiting periods? YES NO Please explain below: _____

Amount of desired request: \$ _____ Please explain, in detail, the reason for the request: _____

Please mail this application, along with all supporting documents, and mark *CONFIDENTIAL* to:
CAPMA C.A.R.E.S., 1510 J St, Ste 230, Sacramento, CA 95814

CAPMA
Staff

Verified By: _____ Membership Status Verified: _____