
We Care Grants – How to Apply

We Care Grants are provided to eligible employees facing significant financial hardships from unexpected events. Examples of these types of events include family emergencies, natural disasters, serious illnesses, or injuries affecting you and/or your immediate family. We Care Grants range from \$500 - \$5,000, and help with expenses not covered by insurance. To ensure we help colleagues who need it most, income eligibility guidelines apply.

How do I know if I am eligible?

- You must be an active McKesson employee working 20+ hours/week or on an approved leave, including short-term disability, medical leave or paid-time off.
- Income eligibility guidelines apply (i.e. household income within 400% of the Federal Poverty Level)
- You must provide receipts or invoices for eligible expenses dated within 60 days of your application.

For more information, including a list of eligible events and expenses, please take a look at our [FAQ](#).

Before submitting your application, please review the steps below so you are familiar with the process and timing. We also recommend you save copies of receipts/expenses prior to applying.

How does it work?

1. **Register:** at <http://www.mckessoncares.org> and receive an application link.
2. **Apply:** Complete the application.
3. **Submit:** Submit application and receive a confirmation email from the Emergency Assistance Foundation (EAF).
4. **Review:** We (EAF) review your application. If there are follow-up questions, we will contact you by email within 3 business days.
5. **Award Notification:** After we receive all documents, we will email you with the decision, usually within 5 business days. If your application is not approved, we will note the specific reason.
6. **Grant processing:**
 - If approved, expect us to follow up with you within 1-2 business days with a secure DocuSign email. The DocuSign email will ask you to provide your banking information or address for the grant check to be mailed. To reduce the risk of checks getting lost in the mail and for quicker payment, we recommend you provide your banking information if possible.
 - After you complete the DocuSign, EAF will issue an electronic fund transfer to your bank account within 1-2 days. If you opt for a check, please allow 6-8 days.
 - If payment is going to a vendor, such as mortgage company or rental agency, EAF's email will include this information. EAF can pay vendors with a credit card or check (up to 6-8 business days for receipt). Please follow up with your vendor to confirm that they've received the payment.

We Care Grants – How to Apply

Go to www.mckessoncares.org to access the fund page. Here you'll find helpful information about the fund, including FAQs with details on eligibility requirements.

Once you're ready to start, click on the **"Register"** link.

We Care Grant

Depending on your situation, we provide grants up to \$5,000 to cover basic costs after a personal hardship or government-declared disaster. We know these situations are time-sensitive, so we'll get back to you as soon as we can—typically in 3-5 business days. If approved, you should receive payment within 2 weeks.

Because it's a grant – not a loan – you never have to pay us back. But to make sure we can help those who need it most, income guidelines apply. [Read the FAQs](#) (PDF, 470 KB) to find out if you qualify. If this grant feels like what you need, here's what to do:

1. **Register** your name and email
2. **Apply** for a We Care Grant

The first step will be to register your account. *TIP – use an email address that you can access from anywhere.*

When complete, click the **"Create Account"** button.

Before you can apply, you must register using your name and a valid email address. Here are the steps for completing this registration form (haga [clic aquí](#) para la guía en español):

1. Enter your full name
2. Enter your preferred email address
3. Create and enter a password that is at least eight (8) characters
4. Re-enter your password
5. Under "Category" you will see your company's relief fund name
6. Select your preferred language
7. Select your timezone (optional)
8. By registering you agree to [EAF's Privacy Policy](#) and [FluidReview's Privacy Policy](#)
9. Click on the "Register" button

First name

Last name

Email

Create a password

Confirm your password

Your password must contain at least:

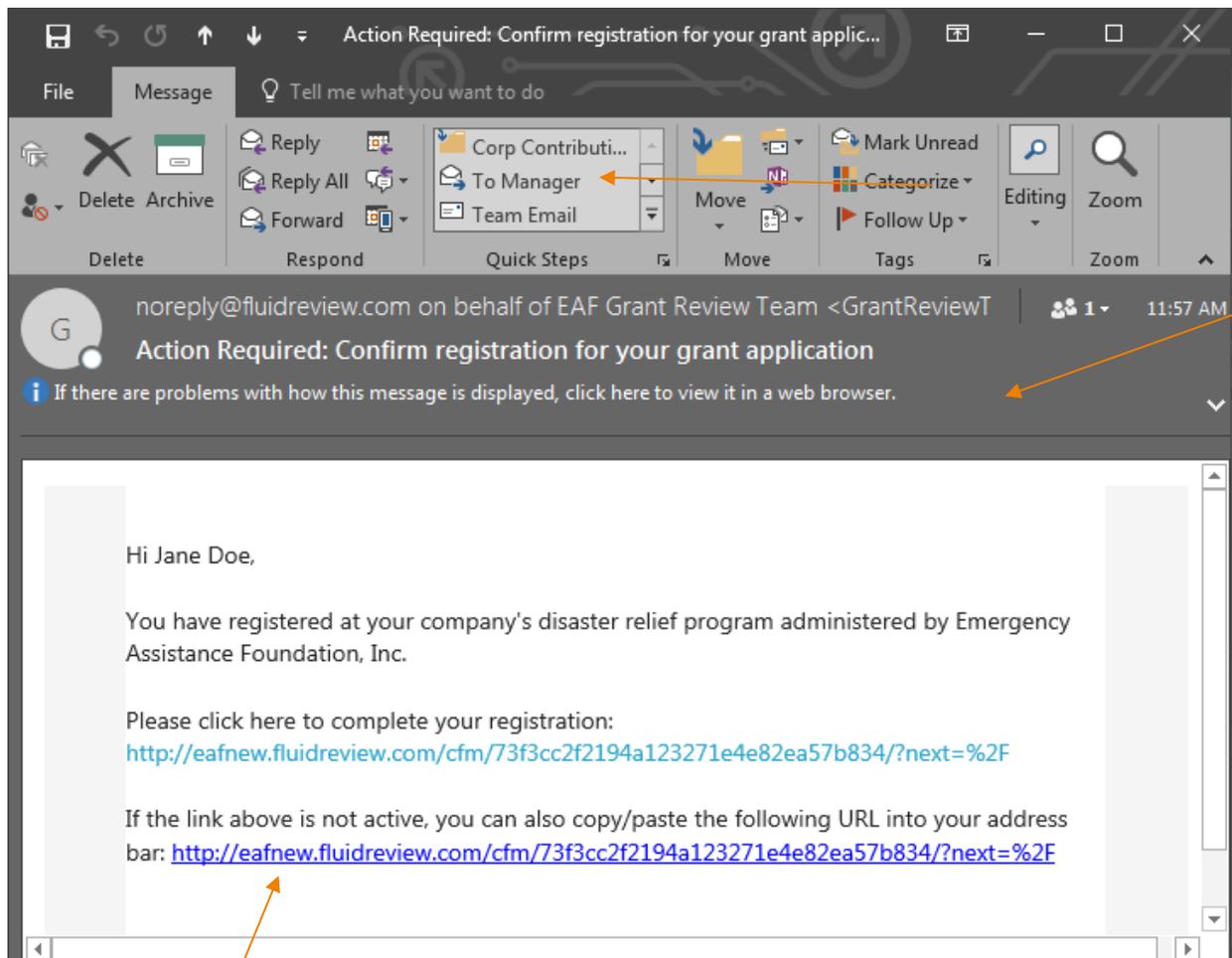
- 8 characters
- One uppercase letter
- One lowercase letter
- One number
- One special character

Category

We Care Grants – How to Apply

You'll receive an email from the EAF Grant Review Team to confirm your email and complete your application. If you don't receive the email be sure to check in your junk mail.

If you don't receive an email within 24 hours, please contact mckessonfoundation@mckesson.com for assistance.



Click on the link to complete your registration. You'll be automatically directed to start your application.

If you choose to submit your application at a later date simply return to www.mckessoncares.org, click on the **Apply** link then enter your email and password credentials to login.

We Care Grants – How to Apply

We Care Grant

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1. **Register** your name and email
2. **Apply** for a We Care Grant



Help

Application

Emergency Assistance Grants for Employees by Employees

Welcome to the online grant application for your fund's Employee relief fund.
To get started with your application, select "sign up", complete the registration process and start your application.
If you have already started your application and need to complete it, "Sign in" with your email and password.



Sign In

Email:

Password:

[Forgot your password?](#)

Need An Account?



We Care Grants – How to Apply

[Resources](#) [Settings](#) [Help](#)

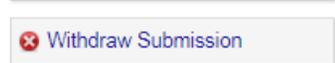
Application

Home » Jane Doe

Jane Doe (MTCO-1768970399)

Application Round

Additional Attachments

- 
- 
- 



Please note the following:

This grant application is available only in English and French(Canada), if you select another language it will not be available.

Task	Status	Actions
McKesson Taking Care of Our Own Fund	INCOMPLETE	Start

Please note the following:

This Fund is available only in English and French. In order to complete this application please go to language drop-down list and select one of those available languages.



Click on the **Start** link to begin your application

We Care Grants – How to Apply

Read the Consent Form, then click “I agree”, then click on the Next button to continue

Home » Jane Doe » McKesson Taking Care of Our Own Fund

Back

McKesson Taking Care of Our Own Fund

Language
English (US) Go



If you need help with any of the questions on this page please email our Support Team at McKesson@EmergencyAssistanceFdn.org

Consent Form

The McKesson Taking Care of Our Own Fund (“MTCO”) is administered by Emergency Assistance Foundation, Inc. (the “Foundation”). Your personal information may be stored and processed by the Foundation and its service providers in countries other than your country, including in Canada and the United States. Those countries may not have the same data protection laws as your country. By checking the box below, you are consenting to the data collection, use, transfer, storage and other processing of personal information as described in the [Privacy and Cookie Statement available here](#).

EAF will never ask you to provide your Social Security Number in the application process. You will only be asked to provide the minimal amount of information needed to consider your grant application.

You must complete the application in order to hear back on the status of your application. If you have submitted an application and not heard back, please contact the McKesson Foundation at mckessonfoundation@mckesson.com for assistance.

I agree I do not agree

Clear

Save & Continue Next

We Care Grants – How to Apply

Read and complete the questions, to confirm your eligibility. Click on **Next** when complete.



If you need help with any of the questions on this page, please email our Support Team at McKesson@EmergencyAssistanceFdn.org

Welcome to the McKesson Taking Care of Our Own Fund Grant Application

The McKesson Taking Care of Our Own Fund was created to help employees who are facing financial hardship immediately after a qualifying disaster or an unforeseen personal hardship.

Fund Criteria

In order to meet the criteria to receive a grant, you must be able to answer "Yes" to all of the following:

	Yes	No	
a) Is your application within 180 days after the Event?	<input checked="" type="radio"/>	<input type="radio"/>	Clear
b) Is this your 1st or 2nd application in 12 months?	<input checked="" type="radio"/>	<input type="radio"/>	Clear
c) Ensure that you have not received more than \$10,000 from Fund in the past year?	<input checked="" type="radio"/>	<input type="radio"/>	Clear
d) Is the grant application being sought for the amounts between \$500 - \$5,000?	<input checked="" type="radio"/>	<input type="radio"/>	Clear
e) Do you have documentation for the Event and Expenses which provide the necessary details such as date of the expense, person responsible for bill and other details listed in the application?	<input checked="" type="radio"/>	<input type="radio"/>	Clear
f) Is the expense documentation current (dated within 60 days from application submission)?	<input checked="" type="radio"/>	<input type="radio"/>	Clear

Financial Assistance

Grants from the McKesson Taking Care of Our Own Fund are intended for employees who are most vulnerable to financial distress caused by a qualifying disaster or personal hardship. The size of each grant is based on the need expressed in the application, the criteria set forth, the health of the fund and the grant range. The maximum grant amount available for each incident is \$5,000 and the minimum amount that can be requested is \$500.

Grant Selection Process

The review and selection process is administered by the Emergency Assistance Foundation, Inc. which is a U.S. 501c(3) tax-exempt, public, nonprofit organization with approval specifically for Employee Hardship and Disaster Relief Funds. Applications will not be considered until they are complete. Once they are submitted the normal turnaround time is within 10 business days. Applicants can view and download their application after it is submitted. If the application is approved, the McKesson Taking Care of Our Own Fund will issue a grant according to the need determined. Whenever possible, grants are paid to vendors, rather than the individual applicant. Emergency Assistance Foundation, Inc. is committed to protecting the confidentiality and security of personal information that Emergency Assistance Foundation, Inc. may receive in connection with the McKesson Taking Care of Our Own Fund. Emergency Assistance Foundation, Inc. will use and otherwise process personal information in accordance with and for the purposes described in the Privacy and Cookie Statement.

Are You Eligible to Apply

You must be able to answer "Yes" to question 1 and "Yes" to either question 2 or 3 of the eligibility questions below in order to be able to submit an application. Please review the [McKesson Taking Care of Our Own Fund Application FAQs](#) to make sure you qualify before you apply.

	Yes	No	
1. Employed by McKesson or its affiliates on the date of the application; and	<input checked="" type="radio"/>	<input type="radio"/>	Clear
2. Regularly scheduled to work 20 or more hours per week; or	<input checked="" type="radio"/>	<input type="radio"/>	Clear
3. On leave with pay, including short-term disability and paid time off.	<input type="radio"/>	<input type="radio"/>	



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Populate the fields with your information. Click on **Next** when complete.

If you need help with any of the questions on this page please email our Support Team at McKesson@EmergencyAssistanceFdn.org

Applicant Information

Applicant Last Name (as it appears on payroll record)

Applicant First Name

E-mail Address (confirm registration email)

PeopleSoft ID #

Business Units

Phone number (to contact you): Select an option and enter your contact number, including all country and/or region codes for non-US numbers.

US (xxx-xxx-xxxx) Outside US/Canada

All grant applications are assumed to be in U.S. Dollars.
If the Expenses and/or Bills are not in U.S. Dollars then select a currency in the drop down box below.

Do you live in the United States?

Yes No

Home Address:	Work Address:
Street Address / Apt <input type="text"/>	Street Address / Apt <input type="text"/>
City <input type="text"/>	City <input type="text"/>
State <input type="text" value="---"/>	State <input type="text" value="---"/>
Zip Code <input type="text"/>	Zip Code <input type="text"/>

Are you able to receive mail at the home address listed above?

Yes No

Marital status:

Single Divorced / separated

Married / domestic partner

Do you have dependents in addition to your spouse or domestic partner?

Yes No



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Select the Qualified Event that best describes your situation, then click on **Next**.



If you need help with any of the questions on this page please email our Support Team at McKesson@EmergencyAssistanceFdn.org

Disaster / Hardship Event Information

QUALIFIED EVENT

These are unexpected circumstances that arise outside of the applicant’s control and cause a financial hardship for the applicant or their family. It is an unforeseen, one-time event that causes the applicant to face unexpected bills which they cannot readily afford. The incident must have occurred within 365 days of the application date and fall into one of the categories below: (Check the appropriate category)

- Natural disaster such as flood, fire, 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
- Impacts primary residence: fire, flood or unusual life-altering expense not paid by insurance
- Serious illness or injury – not paid by insurance
- Non-routine/exceptional medical expense – not paid by insurance
- Victim of a violent crime
- Domestic abuse
- Death of applicant or their immediate family member or eligible dependent
- Government (national/state) declared disaster, or determined the event was catastrophic
- Presidentially declared disaster (USA)
- Any event that the U.S. Secretary of the Treasury determined is catastrophic (USA)
- Military Deployment

Clear



Back Save & Continue Next

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Note, the question prompts you see for the remainder of the application will be dependent on the event and expense types you select.

The following screenshots are designed to give you a general expectation of the types of questions and responses required, but each experience will vary as every applicant scenario is unique.

Depending on your event type, you'll be asked to indicate which forms of supporting documentation you plan to provide.



If you need help with any of the questions on this page please email our Support Team at McKesson@EmergencyAssistanceFdn.org

Natural disaster such as flood, fire, tornado, earthquake, tsunami, volcanic eruption, blizzard, drought, cyclone, hurricane, typhoon or severe storms

An unexpected or unavoidable natural disaster affecting you, your dependents, and / or property. For example, the disaster might result in evacuation, cause personal injury, and / or cause damage to your home or automobiles.

Date of the event:

2018/06/13

Documentation of the event

Please provide documentation showing proof of the event which is required by regulations before the application may be considered. Check the appropriate categories below to show the documentation that you are providing.

- News reports
- Statement from government official
- Insurance report
- Police report
- Fire report
- Emergency responder report
- Any additional supporting documentation that you think may help explain the event such as photographs, etc.
- Other (describe here)

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You may upload your documentation (this option is recommended for faster processing time) or fax your documentation after application submission.

Necessary information

The documentation you provide must include the information listed below. Look at your documentation, and for each item listed below check "Yes" if the documentation includes this element and "No" if it doesn't. **For every "No" you will need to include additional documentation that shows that information before your application can be reviewed or a grant made.**

	Yes, this info is included	No, this info is not included	
Date of the event	<input checked="" type="radio"/>	<input type="radio"/>	<input type="button" value="Clear"/>
Description of the event	<input checked="" type="radio"/>	<input type="radio"/>	<input type="button" value="Clear"/>
Location of the event	<input checked="" type="radio"/>	<input type="radio"/>	<input type="button" value="Clear"/>
Details showing you or your property were affected by the event	<input checked="" type="radio"/>	<input type="radio"/>	<input type="button" value="Clear"/>

Supporting documentation

Please provide supporting documentation of the event which must be provided before the application can be considered. **For example, proof of the incident such as police, fire or insurance reports, etc.** If you want, you may provide any additional supporting documentation that you think may help explain the event such as photographs, etc.

Choose how you will provide the required documentation below:

- Upload all documents into this application (fastest way to get the grant approved)
- Fax all documentation (you will be able to download a fax cover page)
- Do both: Upload and fax documentation

Upload your documentation

You may upload 2 documents here. If you need to provide additional documentation, you will be able to upload more documents after you complete the application. After you complete the application, you will return to the home page. Click the "Supporting Documentation" link to upload additional documents prior to submitting your application for review.

Click the button below to upload a file

No file chosen

Click the button below to upload a second file

No file chosen

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Depending on your event type, you may be asked to provide detail on the expense categories.

Each option you select will ask for an explanation, amount and documentation, if available.

Food

Food – immediate needs only (usually applicable up to 2-4 weeks after the Event)

Clothing

Clothing – immediate needs only (usually applicable up to 2-4 weeks after the Event)

Rent - Temporary

Housing - Rent: temporary housing up to 30 days

You requested assistance for Housing - Rent: temporary housing up to 30 days. To receive assistance you must submit:

- **documentation such as receipts, invoices, bills, etc. for the incurred expenses from this event which must be provided before the application can be considered.**

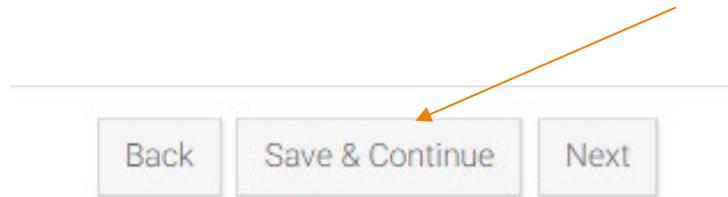
		Briefly explain the purpose of this assistance	Amount Requested
Are you able to provide this documentation? If no, this expense will not be eligible for assistance.	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

Repairs

Housing - Reasonable repairs to damaged property

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If you are unable to complete your application the same day, you can click on the **Save and Continue** button at the bottom of the page at any stage in the process.



The next time you login, your application status will indicate Incomplete. Click on the **Continue** link to resume the application process.

Application

Home » Jane Doe

Jane Doe (MTCO-1768970399)

Application Round



Additional Attachments

- Add Document
- Add Video File
- Withdraw Submission

Please note the following:

This grant application is available only in English and French(Canada), if you select another language it will not be available.

Task	Status	Actions
McKesson Taking Care of Our Own Fund	INCOMPLETE	Continue

Please note the following:

This Fund is available only in English and French. In order to complete this application please go to language drop-down list and select one of those available languages.

We Care Grants – How to Apply

You'll be asked to provide your financial information. Click on **Next** when complete.

- Note, IRS regulations require that there be a determination of need to show that grants are made for applicants that have difficulty paying expenses they face due to an unforeseen event. You may be asked to provide current pay stubs or tax returns.

Applicant Financial Information

Regulations require that there be a determination of need and to show that the grants are made for applicants that have difficulty paying the expenses that they face due to an unforeseen event. To assist with the evaluation of this grant, please complete the parts of the financial statement below that apply to you so as to show a current picture of your or your families finances. You may be asked to provide current pay stubs or tax returns.

This space is available if you wish to provide information about your need for the grant even if the information below may indicate that you do not met the determination of need described above.

All grant applications are assumed to be in U.S. Dollars.

If the Expenses and/or Bills are not in U.S. Dollars then select a currency in the drop down box below.

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Do you have an unusual amount of liquid asset available, please explain why?

ANNUAL HOUSEHOLD INCOME:

Total annual GROSS household income (before taxes and / or deductions)

MONTHLY INCOME:

Monthly household income after any taxes and deductions in an average month, before the event causing you to apply for assistance

Total monthly NET income:

MONTHLY EXPENSES:

Monthly household expenses in an average month, before the event causing you to apply for assistance

Total monthly expenses:

Are you currently seeking or have you received other financial assistance?

Yes No



You'll be asked to provide detail and documentation of your expenses.

- If the expenses have not yet been paid, if you are awarded a grant, that payment would go directly to the vendor.
- If you've already paid the bills, you'll provide the receipts and if you are awarded a grant, that payment would go directly to you to reimburse your expenses.

We Care Grants – How to Apply

Please list the bills that you would like the fund to consider paying on your behalf. These bills must relate directly to the qualified event that has caused your financial hardship.

If you are requesting reimbursement, please list yourself, your contact information, and the amount of reimbursement you are applying for under "Vendor 1."

For each of the vendors please upload the required documentation such as:

- Copies of current bills or invoices, or
- A letter or invoice from landlord with amount owed, or
- A copy of a gift registry from a store like Target or Wal-Mart if you are seeking help to replace essential household items not covered by insurance that were lost to the disaster, or
- Other documents to substantiate current amounts owed to vendors

Vendor 1

Vendor/creditor name

Vendor/creditor address

Applicant account number

Essential need provided (rent, electricity, medical, etc.)

Amount requested

Vendor / Creditor phone number: Select an option and enter the contact number

US (xxx-xxx-xxxx)

Outside of US/Canada

Vendor 1 Documentation

Do you need to upload or fax any vendor documentation that has not already been previously submitted?

Yes No

If you have already provided receipts/documentation for Vendor 1 then no need to upload anything else. If you need to provide additional documentation upload it here (acceptable format includes PDF or JPEG)

No file chosen

Need to upload more for Vendor 1? Do it here:

No file chosen

Fax your documentation

Please gather all documentation and fax along with this [Fax Cover Page](#). Please use only one fax cover page when faxing all supporting documentation. Be sure to completely enter all required information on the fax cover page. If it is not complete and the documentation cannot be matched with your application then a grant cannot be made.

We Care Grants – How to Apply

After submitting your vendor payment details and uploading any applicable support documentation, you'll be asked if you are willing to share your story. While the Taking Care of Our Own Fund is funded by the McKesson Foundation, McKesson Corporation, and employee contributions, all applicant information is reviewed by the Emergency Assistance Foundation (EAF). Your personal information remains confidential and is not shared with McKesson unless you **opt in** by selecting yes. If you opt in you may be contacted by a McKesson team member to learn more about your experience.

Share your Story to Help Others: If you receive a grant, would you be willing to be contacted by an McKesson representative to share your story/experience ?

Yes No

You may also authorize EAF to provide your contact information to McKesson to assist with outreach, in the event that EAF is unable to reach you within 14 days of your application.

Our experience has shown that many applications are not completed because of lack of documentation or communication from the applicant. In an effort to help complete and process your application as quickly as possible, if we have not heard anything for 14 days we may provide your name confidentially to a person in your company who has agreed to assist fund applicants as much as possible.

If you do not wish to have your name shared to receive this additional assistance, please check this box.

Read the Agreement and Authorization, check the box to acknowledge, and click on the **Submit** button to submit your application.

AGREEMENT AND AUTHORIZATION

I understand that no applicant is entitled to receive a grant, either by their employment, their history of contributions to the McKesson Taking Care of Our Own Fund or because of any precedent inferred from previous grants from the Fund. Grants will not be made before an applicant has demonstrated an immediate need. The Emergency Assistance Foundation, Inc. reserves the right, in its sole discretion and for any reason, to deny any application it receives. I understand that a grant approval does not guarantee payment to any party, and that grants will not be made unless the fund has sufficient monies to pay existing grants. Emergency Assistance Foundation, Inc. will use and otherwise process personal information obtained in connection with this application in accordance with and for the purposes described in the [Privacy and Cookie Statement](#).

I certify that the information provided in this grant application and any documentation is true and correct as of the date this application is submitted. My electronic signature below acknowledges and permits Emergency Assistance Foundation, Inc. to obtain or verify all information necessary to process this application. In its due diligence, if the Foundation discovers any information to be untrue, it shall have the right to waive all confidentiality and report its findings to McKesson. Any intentional misrepresentation or material omission of information or documentation contained in this application will result in forfeiting this and any future grant applications. I understand that McKesson may also take corrective action up to and including the termination of my employment.

By checking this box as my electronic signature, I acknowledge that I agree to and understand the terms above.

We Care Grants – How to Apply

Once submitted you'll see a confirmation screen, acknowledging the successful completion of your application. You'll also receive an email from EAF, confirming your submission.

You should expect to be contacted within 3 business days by an EAF team member with a status update.

You can login at any time to make changes to your application, upload additional documentation, or delete your submission.

[Resources](#) [Settings](#) [Help](#)

Application

Your form has been completed successfully. ✕

[Home](#) » [Jane Doe](#)

Jane Doe (MTCO-1768970399)

Application Round



Additional Attachments

- [Add Document](#)
- [Add Video File](#)
- [Withdraw Submission](#)

Please note the following:

This grant application is available only in English and French(Canada), if you select another language it will not be available.

Task	Status	Actions
McKesson Taking Care of Our Own Fund	COMPLETE	View Edit Delete

If you have questions or concerns about your application, contact us at mckessonfoundation@mckesson.com.