

COVID-19 Qualified Individual Identification Form

Please complete this form and submit to your HR administrator if you meet the definition of a "Qualified Individual" under the CARES Act at any time during 2020.

A "Qualified Individual" under the CARES Act is anyone who meets the following criteria:

- Has been diagnosed with the virus SARS–CoV–2 or with coronavirus disease 2019 (COVID–19) by a test approved by the Centers for Disease Control and Prevention.
 - Has a spouse or dependent (As defined in Section 152 of the Internal Revenue Code (IRC) of 1986) is diagnosed with such virus or disease by such a test, or;
 - Has experienced adverse financial consequences as a result of being quarantined, being furloughed or laid off or having work hours reduced due to such virus or disease, being unable to work due to lack of child care due to such virus or disease, closing or reducing hours of a business owned or operated by the individual due to such virus or disease, or other factors as determined by the Secretary of the Treasury (or the Secretary's delegate).
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Your Name: _____

I, the undersigned, certify that I have experienced adverse financial consequences as a result of the spread of COVID-19. I certify that I am an individual: *(initial all that apply)*

_____ who is diagnosed with the virus SARS–CoV–2 or with coronavirus disease 2019 (COVID–19) by a test approved by the Centers for Disease Control and Prevention.

_____ whose spouse or dependent (As defined in Section 152 of the Internal Revenue Code (IRC) of 1986) is diagnosed with such virus or disease by such a test, or;

_____ who experienced adverse financial consequences as a result of being quarantined, being furloughed or laid off or having work hours reduced due to such virus or disease, being unable to work due to lack of child care due to such virus or disease, closing or reducing hours of a business owned or operated by the individual due to such virus or disease, or other factors as determined by the Secretary of the Treasury (or the Secretary's delegate).

_____ I have not requested an amount in excess of \$100,000.00 either in this request or in total if I have made other requests under the provisions of The Cares Act.

Signature: _____

Print Name: _____

Date: _____