



HNHP Strike Hardship Fund

STRIKE HARDSHIP INFORMATION

Engaging in a strike is the ultimate demonstration of solidarity and unity for healthcare professionals. When members vote to strike, an important part of supporting that action is preparing for the financial challenges many will face. HNHP has created a dedicated voluntary Member Hardship Fund to provide limited emergency support to members facing hardship due to loss of income during a strike or job protection effort.

The Hardship Fund is administered through the HNHP Member Strike Fund and Hardship Committee. All applications will be treated confidentially. Funding is limited, and approval is based on need and available resources.

Applications will be accepted starting on the day after the end of the strike. The deadline for submitting hardship applications is 15 days after the end of the strike.

TO BE ELIGIBLE FOR HARDSHIP FUNDS

- Be a full dues-paying member of HNHP in good standing. (New bargaining unit members bargaining a first contract also qualify.)
- Have honored the picket line and participated for at least six (6) hours on each day of the strike.
- Have signed in for picket shifts to verify participation.
- Have missed income due to the strike.
- Submitted a completed application with supporting documentation (rent bill, utility bill, loan statement, etc.).

Grants may not exceed \$500.00 per member. Applications will be processed based on need and fund availability.

THINGS YOU CAN DO TO PREPARE

- Submit an updated W-4 to your payroll office to increase the number of dependents you claim.
- Contact major creditors to request deferred or reduced payments during the strike.
- Share information about community resources with the Hardship Committee so others can benefit.
- Inform family, friends, and community allies about the strike and how they can show support—by donating, attending rallies, or joining picket lines.



CONFIDENTIAL APPLICATION FOR HNHP STRIKE HARDSHIP RELIEF FUND

Hardships may include, but are not limited to, expenses such as housing, utilities, food, transportation, and medical costs. All applications must include supporting documentation. Applications will be processed after the submission deadline and approved funds will be paid once the impacted paycheck is received.

Grants may not exceed \$500.00.

Email completed applications to: info@hnhp.org

Or mail to:

HNHP Hardship Fund, 1130 North Nimitz Hwy, Suite A212, Honolulu, HI 96817

First, Middle, Last Name:

Street Address:

City, State, Zip:

Non-work Phone Number:

Non-work Email Address:

Total family income for month of strike (all sources):

Number of people in your household:



EXPENSES REQUESTED

List each expense for which you are requesting assistance. Documentation is required. Include the description (rent, utility, etc.), vendor name and address, exact amount (\$), and other details that help establish the need.

Total Requested: _____

EXPLANATION OF NEED

Please describe your immediate financial hardship and how these funds will help you meet your essential needs. Attach additional pages if necessary.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Picket Line Participation Verified by: _____

Approved: ☐ Denied: ☐ Date: _____

Committee Member Signature: _____