

Date of Application: _____

SPONSOR INFORMATION

Sponsor Name	Badge #	Division
Contact Phone	Signature	

RECIPIENT INFORMATION

Recipients Name	Badge #	Contact Phone #		
Street Address	City	State	Zip Code	

DESCRIPTION OF INJURY / ILLNESS (Describe in detail the nature of the recipients injury or illness)

Use Reverse Side if Necessary

Was Recipient Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long?	Days off work? To Date: _____ Estimated Future: _____
Is recipient undergoing any rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has recipient returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Light Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No

DESCRIPTION OF NEED (Describe in detail how this situation has affected the recipient and his/her family financially, and describe any unusual or extenuating circumstances which may contribute to his/her need for assistance)

Will recipient require long-term care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long?	Does recipient require special medical equipment or devices? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does recipients medical insurance cover all costs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Out of pocket expenses to date: \$ _____ Lost Income To Date: \$ _____

Mail or fax completed application to:
 ATO Foundation - 1412 Griffin Street East, Dallas TX 75215 (214) 747-8194 fax

OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS SPACE

Application Received By:	Date:	Comment:	
Tom Popken	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roger Rudloff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rick Anderssen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eddie Crawford	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fred Frazier	<input type="checkbox"/> Yes <input type="checkbox"/> No	David Rodriguez	<input type="checkbox"/> Yes <input type="checkbox"/> No
Andy Caceres	<input type="checkbox"/> Yes <input type="checkbox"/> No		