



APPLICATION FOR ASSISTANCE

Date of Application: _____

SPONSOR INFORMATION

Sponsor Name: _____ Badge #: _____ Division: _____

Contact Phone: _____ Signature: _____

RECIPIENT INFORMATION

Recipient Name: _____ Badge #: _____ Contact Phone #: _____

Address: _____

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

Was Recipient Hospitalized? Yes No If yes, how long? _____	Days off Work? To Date: _____ Estimated Future: _____
Is recipient undergoing any rehabilitation? Yes No	Has recipient returned to work? Yes No Light Duty? Yes 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? Yes No If yes, how long? _____ Does recipient require special medial devices? Yes No

Does recipients medical insurance cover all costs? Yes 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: _____

Frederick Frazier	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eddie Crawford	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roger Rudloff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Steve Brody	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kim Mayfield	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Andy Caceres	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bill Knobel	<input type="checkbox"/> Yes <input type="checkbox"/> No		