



# 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	Christine Bush	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mike Mata	<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		

\_\_\_\_\_ \$500    \_\_\_\_\_ \$750    \_\_\_\_\_ \$1000    \_\_\_\_\_ \$2000    e-mailed board: \_\_\_\_\_ date