

World Trade Center Health Program FDNY Responder Eligibility Application

A World Trade Center (WTC) Health Program FDNY Responder is a member of the Fire Department of New York City (whether fire or emergency personnel, active, or retired) who participated at least one day in the rescue and recovery effort at any of the former WTC sites.

If you believe that you are eligible for enrollment in the WTC Health Program, please provide the following information to begin the eligibility determination process:

Today's Date ___/___/___

Last Name _____

First Name _____ Middle Name _____

Mailing Address _____

E-mail address _____

City _____ State _____ Zip Code _____

Home Phone # (____) - ____ - ____

Work Phone# (____) - ____ - ____

Cell Phone# (____) - ____ - ____

Date of Birth ___/___/___ Gender Male Female

Place of Birth _____

Government Identification Number

(choose one)

Provision of your Government Identification Number is optional and you may not be denied enrollment in the program for failure to provide it. However your failure to provide it may delay or prevent action on your application.

Driver's License

Last 4 digits of Social Security Number

Passport

Other (what type?)

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

Please answer the following questions about your World Trade Center Disaster Area Experience. If you want help in filling out this application or have questions, you may call toll-free 1-###-###-####.

Check the box that applies to you.

I am or was a member of the Fire Department of New York City (whether fire or emergency personnel, active, or retired) who participated in the rescue and recovery effort at any of the former WTC sites (including Ground Zero, Staten Island Landfill, and the New York City Chief Medical Examiner’s Office).

I am a surviving immediate family member of an individual who was (1) a member of the Fire Department of New York City (whether fire or emergency personnel, active or retired) and was killed at the WTC site on September 11, 2001; or (2) received treatment for a WTC-related health condition (relating to mental health conditions) on or before September 1, 2008.

None of the above, but I believe that I qualify for the following reason:

1. If you worked or volunteered, fill in the number of hours for each day during the month of September 2011.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

2. How many hours per week did you work or volunteer during:

The week ending October 6th (first week in October)?

The week ending October 13th (second week in October)?

The week ending October 20th (third week in October)?

The week ending October 27th (last week in October)?

The week ending November 3rd?

The week ending November 10th (first full week in November)?

The week ending November 17th (second week in November)?
The week ending November 24th (third week in November)?
The week ending November 30th (last week in November)?
The week ending December 7th (first full week in December)?
The week ending December 14th (second week in December)?
The week ending December 21st (third week in December)?
The week ending December 28th (last week in December)?

3. How many working days did you work or volunteer in the following months?

January 2002
February 2002
March 2002
April 2002
May 2002
June 2002
July 2002

Required Documentation

WTC Health Program applicants must also submit documentation providing evidence of employment affiliation and work activity during the dates, times, and locations specified in the questions above. Documentation may include but is not limited to a pay stub; official personnel roster; a written statement, under penalty of perjury by an employer; site credentials; or similar documentation.

If you are unable to submit the required documentation, you must explain how you attempted to obtain this documentation and the reason you are unable to provide it with your application.

I hereby apply to the WTC Health Program and give permission for my personal information to be used by appropriate Federal Government agencies and Federal Government contractors to determine if I am eligible for the WTC Health Program, and to determine whether payments of funds under the WTC Health Program are or were appropriately made in the correct amounts.

By my signature I attest that I have answered the questions truthfully and that I understand the following: Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to gain enrollment in the WTC Health Program to which that person is not entitled is subject to civil and/or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

SIGNATURE

DATE

This form may faxed to 1 - (###) ###-#### or mailed to:

**World Trade Center Health Program
Address 1
Address 2**

Privacy Act Statement

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that the WTC Health Program is administered by the Department of Health and Human Services (HHS), which receives and maintains personal information on applicants under 42 U.S.C. §§300mm-300-61. The information received will be used to determine eligibility and qualification for the WTC Health Program and for any subsequent initial health evaluations, monitoring and treatment or other benefit under WTC Health Program.

The information provided may be disclosed to: (1) the Department of Justice and its contractors to provide terrorist screening support in accordance with NIOSH's statutory obligation to determine whether an individual is on the "terrorist watch list" as specified in Section 3311 and Section 3321 of the Zadroga Act and is eligible and qualified to be enrolled or certified in the WTC Health Program as specified by statute; (2) agency contractors who have been contracted by the agency to assist in fulfillment of the agency's functions relating to the WTC Health Program and who need access to the records in order to carry out the terms of their contracts; (3) applicable entities for the purpose of reducing or recouping WTC Health Program payments made to individuals under a workers' compensation law or plan of the United States, a State, or locality, or other work-related injury or illness benefit plan of the employer of such worker or public

or private health plan as required under Title XXXIII of the Public Health Service Act; and (4) the Department of Justice in litigation involving Title XXXIII.