

World Trade Center Health Program Responder Eligibility Application (Other than FDNY)

A World Trade Center (WTC) Health Program General FDNY Responder is a worker or volunteer who provided Rescue, Recovery, Demolition, Debris, Removal and related support services in the aftermath of the September 11, 2001 attacks on the World Trade Center but was not affiliated with the Fire Department of New York.

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 _____

Primary Phone # (____) - _____ - _____

Secondary 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 your time working or volunteering.

I worked or volunteered onsite in rescue, recovery, debris cleanup, or related support services in lower Manhattan (south of Canal St.), the Staten Island Landfill, or the barge loading piers.

I was a member of the Police Department of New York City (active or retired) or a member of the Port Authority Police of the Port Authority of New York and New Jersey (active or retired) who took part onsite in rescue, recovery, debris cleanup, or related services in the following location (choose all that apply):

- Lower Manhattan (south of Canal Street)
- Ground Zero
- Staten Island Landfill
- Barge loading piers

I was an employee of the Office of the Chief Medical Examiner of New York City involved in the examination and handling of human remains from the World Trade Center attacks, or for another morgue performing similar post-September 11 functions for such Office staff.

I was a worker in the Port Authority Trans-Hudson Corporation Tunnel.

I was a vehicle-maintenance worker who was exposed to debris from the former World Trade Center while retrieving, driving, cleaning, repairing, and/or maintaining vehicles contaminated by airborne toxins from the September 11, 2001, terrorist attacks.

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)?

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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

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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.