

Appendix L

Web Based Application Screen Shots (samples)

World Trade Center Health Program. [Learn More.](#)

Monitoring and Treatment
9.11
WTC Health Program

FDNY Responder Eligibility Application

Welcome

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.

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 (0920-0891).

[Next](#)

Form Approved OMB No. 0920-0891 Exp. Date 12/31/2014

World Trade Center Health Program. [Learn More.](#)

Monitoring and Treatment
9.11
WTC Health Program

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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.

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Monitoring and Treatment
9.11
WTC Health Program

FDNY Responder Eligibility Application

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 1-888-982-4748.

Please enter your name.

First Name * (required)

Middle Name

Last Name * (required)

[Back](#) [Next](#)

Form Approved OMB No. 0920-0891 Exp. Date 12/31/2014

http://oasistest.cdc.gov/FDNYResponder Online Application Forms - World ... FDNY Responder Application ...

File Edit View Favorites Tools Help

World Trade Center Health Program. [Learn More.](#)

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9.11
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Please enter your address.

Mailing Address * (required)

City * (required)

State * (required)

Zip Code * (required)

[Back](#) [Next](#)

Form Approved OMB No. 0920-0891 Exp. Date 12/31/2014

http://oasistest.cdc.gov/FDNYResponder Online Application Forms - World ... FDNY Responder Application ...

File Edit View Favorites Tools Help

World Trade Center Health Program. [Learn More.](#)

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9.11
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Select one of the following 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; and (2) received treatment for a WTC-related health condition (relating to mental health conditions) on or before September 1, 2008.
- ☐ None of the above.

[Back](#) [Next](#)

Form Approved OMB No. 0920-0891 Exp. Date 12/31/2014

http://oasistest.cdc.gov/FDNYResponder Online Application Forms - World ... FDNY Responder Application ...

File Edit View Favorites Tools Help

World Trade Center Health Program. [Learn More.](#)

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9.11
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Fill in the number of hours you worked or volunteered for each day in September 2001.

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						

[Back](#) [Next](#)