

**RE:**

**Dear:**

On [Insert Date 30 Day Responder-Survivor Suspend Letter Sent], the Enrollment Center sent you a letter requesting further supporting documentation to complete your application for enrollment. Unfortunately, we have not yet received that documentation and your application remains incomplete.

**You can reactivate your application at any time by sending in the requested supporting documentation.**

It is important to know that we cannot process your application and make an enrollment decision until you have submitted all required information.

You currently have submitted the following items with your enrollment application:

{processor will choose one selection or multiple selections from the list below}

For the following reason(s), the WTC Health Program cannot complete your enrollment application at this time::

{processor to choose one selection or multiple selections from the list below}

The item(s) listed above will complete your application and allow the WTC Health Program to make an enrollment decision for your application. The remaining items for your application may be faxed to 1-877-646-5308, or mailed to:

World Trade Center Health Program  
PO Box 7000  
Rensselaer, NY 12144

**If you have questions about the WTC Health Program or need any assistance in obtaining the required information we have requested:**

Please call your Enrollment Center Specialist at \_\_\_\_\_. If you are unable to reach your Enrollment Center Specialist; call us at 1-888-WTC-HP4U (1-888-982-4748), Monday through Friday, 9 AM to 5 PM EST or visit the WTC Health Program website at: <http://www.cdc.gov/wtc>

Sincerely,  
Enrollment Center Specialist  
World Trade Center Health Program

The following types of documentation will be accepted:

**GENERAL RESPONDER (other than NYPD/PAPD):**

- Letter from employer or volunteer organization that acknowledges WTC duties, including: location, dates, and times associated with the responder work. Letter must be signed.
- Signed, notarized affidavits from a third party stating knowledge of where and when you worked as a Responder, and what Responder work you performed
- Health Registry Survey, which may be obtained by calling (866) 692-9827 (must not be altered).
- 3rd party letter written under penalty of perjury, which confirms your WTC duties, including: location, dates, and times associated with responder work. This letter can be written by a family member, spouse, friend, or anyone who may provide an accurate account of your participation. Their signature is required for this letter.