

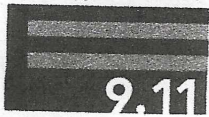
To enroll in the WTC Health Program:

<https://www.cdc.gov/wtc/apply.html>

OR

Call 888-982-4748

Outside of New York State, you can call:
877-498-2911 which is the WTC National Network



WTC Health Program

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

A World Trade Center (WTC) Health Program General Responder is a worker or volunteer who provided rescue, recovery, debris cleanup, or related support services in the aftermath of the September 11, 2001, attacks on the WTC but was not affiliated with the Fire Department of the City of New York.

Please provide the following information to begin the eligibility determination process:

Today's Date _____/_____/_____

Last Name _____

First Name _____ Middle Name _____

Gender Male Female

E-mail address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Please provide at least one phone number and check the box next to your primary phone number:

Cell Phone# (_____) - _____ - _____

Home Phone # (_____) - _____ - _____

Work Phone# (_____) - _____ - _____

Date of Birth _____/_____/_____

Place of Birth _____

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).

Please answer the following questions about your WTC rescue, recovery, debris cleanup, or related support services. If you want help in filling out this application or have questions, you may call the WTC Health Program toll-free at 1-888-982-4748.

Check all the boxes that apply 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 WTC attacks, or other morgue worker 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 WTC 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 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						

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 hours 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 supporting 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 signed by an employer under penalty of perjury; 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. You must also provide a signed written statement with your application attesting, under penalty of perjury, that you meet the eligibility criteria. Your statement must detail how you meet the eligibility requirements including your specific rescue and recovery activities, hours, and dates.

Payment for Services

Health Program services are provided at no cost to responders. The Program will cover the cost of services provided and, when appropriate, the program will coordinate with other payers such as workers' compensation, line of duty injury insurance, other work-related injury or illness benefit plans, and private and public healthcare plans. Responders in the WTC Health Program will be asked, periodically, to provide updated information on the status of their workers' compensation, line of duty injury insurance, or work-related injury or illness benefits claim, and private and public healthcare coverage.

Information you provide below will not be used to determine your eligibility for the WTC Health Program but is needed for the administrative purposes of coordinating payments with other responsible payers for the same medical services.

Please answer the questions below to the best of your ability.

- Have you filed a claim for workers' compensation or for another work-related injury or illness benefit for any injuries or illnesses arising out of your exposure or your rescue, recovery, debris cleanup, or related support services activities in the aftermath of the September 11, 2001?

Yes
 No

- If you have filed a claim for workers' compensation or for another work-related injury or illness benefit:

In what State was your claim filed? _____
 When was your claim filed? Month ____ Day ____ Year ____
 What is the status of your claim – accepted, denied, under review? _____

- If you are represented by an attorney or licensed representative, an advocate, or other personal representative in your workers' compensation or other worker-related injury or illness claim please provide the following information:

First & Last Name _____
 Relationship _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Primary Phone: (____) _____ - _____

Voluntary Information

If you were a member of a union, professional organization, or association, please give the name and, in the case of a union, the local number, if any. This information may be helpful in determining, what if any, documentation might be available to support your application.

Did you hear about the WTC Health Program?

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 in this application form truthfully;
- I believe I meet the eligibility criteria for a General Responder in the WTC Health Program;
- I acknowledge that I have read and understand the information in the Program Notices (attached); and
- I understand the following:

Any person who knowingly and willfully makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to gain enrollment or care 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 pursuant to 18 U.S.C. § 1001.

PRINT NAME

SIGNATURE

DATE

This form may faxed to 1-877-646-5308 or mailed to:

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

AFFIDAVIT OF PROOF OF PRESENCE AT 9/11 DISASTER SITE

My name is _____.

I reside at _____.

My contact information is as follows:

Cell Phone Number: _____

Home Phone Number: _____

Work Phone Number: _____

Email Address: _____

I make this affidavit of personal knowledge that _____
(Name of Claimant)

("Claimant") was present within the World Trade Center Exposure Zone for some period between September 11, 2001 and May 30, 2002.

1. I know Claimant because we are/were *(specify one)*:

a. Related. Specify the family relationship: _____
(Siblings/Spouses/In-laws, etc.)

b. Not related. Specify nature of the relationship _____
(Coworkers/fellow volunteers/friends, etc.)

2. At the time of the WTC disaster, I worked/volunteered for

_____ and my job title was _____
(Your employer/volunteer group) (Your job title)

3. I have personal knowledge that, for some period between 9/11/2001 and 5/30/2002, Claimant worked /volunteered for _____
(Claimant employer/volunteer group)

4. To the best of my recollection, I personally witnessed Claimant:

a. At the following location(s) within the exposure zone (*You MUST specify in as much detail as possible: exact address; cross streets; buildings/landmarks; precise area between the Hudson River and the East River South of Canal Street to East Broadway and Clinton Street; particular route of debris removal; the Morgue, the Barges, or the Staten Island Landfill. Stating you witnessed Claimant at "Ground Zero" or "the Pile" will NOT suffice.*):

b. Performing the following activities (*Describe in detail why Claimant and you were in the exposure zone, such as job duties/ the nature of volunteer work performed, etc.*):

c. On or around the following dates (*The dates/date range between September 11, 2001 and May 30, 2002 when you witnessed Claimant in the exposure zone.*):

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature of Affiant: _____ Date: _____