



APPLICATION FOR ASSISTANCE

Date of Application: _____

SPONSOR INFORMATION

Sponsor Name: _____ Badge #: _____ Division: _____
 Contact Phone: _____ Signature: _____

RECIPIENT INFORMATION

Recipient Name: _____ Badge #: _____ Contact Phone #: _____
 Address: _____

DESCRIPTION OF INJURY/ILLNESS (Describe in detail the nature of the recipients injury or illness)

Was Recipient Hospitalized? Yes No If yes, how long? _____ Days off Work? To Date: _____ Estimated Future: _____

Is recipient undergoing any rehabilitation? Yes No Has recipient returned to work? Yes No Light Duty? Yes No

DESCRIPTION OF NEED (Describe in detail how this situation has affected the recipient and his/her family financially, and describe any unusual or extenuating circumstances which may contribute to his/her need for assistance)

Will recipient require long-term care? Yes No If yes, how long? _____ Does recipient require special medical devices? Yes No

Does recipients medical insurance cover all costs? Yes No Out of pocket expenses to date: \$ _____ Lost income to date: \$ _____

Mail or fax completed application to:
 ATO Foundation 2501 Parkview Dr, Fort Worth, TX 76102 (817)880-1103 Fax

OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS SPACE

Application received by: _____ Date: _____ Comment: _____

Anthony White Yes No Lloyd Cook Yes No

Rick Van Houten Yes No Casey Mills Yes No

Dean Gilliam Yes No Hector Melendez Yes No

\$500 _____ \$750 _____ \$1000 _____ \$2000 e-mailed board: _____ date