



FEALGOOD FOUNDATION

1st RESPONDER INFORMATIONAL FORM

Case #:

Name: _____ Date: _____

Address: _____

Phone: (Home) _____ (Cell) _____

Email: _____

Current Occupation: _____

Job/Function at WTC: _____

Social Security Benefits: _____

Workmen's Comp Benefits: _____

WTC related injuries: _____

Pharmacy: _____

Medications: _____

Insurance: _____

Clinic/Hospital: _____

Family Contact and/or Neighbor: _____

Additional Information: _____

ACKNOWLEDGEMENT:

I/we certify that the information provided on this form is true and correct and understand that it will be treated by the FealGood Foundation as confidential in nature and that the FealGood Foundation will not release such information to another party unless I/we have authorized such release in written form.

WHERE TO SEND:

Please return the completed form and all supporting documents to:

US MAIL

FealGood Foundation
144 Shenandoah Blvd
Nesconset, New York 11767

EMAIL:

feal13@aol.com