

**Aviation Family Fund
APPLICATION FOR ASSISTANCE**

CONTACT INFORMATION

Name:		
Street Address:		
City:	State:	Zip:
Home Telephone:		Fax:
Cell Phone:		E-mail:
Preferred method of contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Date of Birth:		SSN: - -
Emergency Contact Name:		
Telephone:	Relationship: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Adult Child	

INSURANCE INFORMATION

<u>Primary</u> Insurance Provider:	
Please list the name of the insurance holder:	
ID Number:	Group Number:
Telephone Number:	
<u>Secondary</u> Insurance Provider:	
ID Number:	Group Number:
Telephone Number:	
Please list the name of the insurance holder:	

GENERAL QUESTIONS

What is the best time to reach you?	
What other finances are available to you?	
What is the primary purposes of this grant if you qualify?	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a treatment plan / Are you following a program (brief description):	
Please list three references in your quest for assistance:	
Name:	Telephone/Cell:
Name:	Telephone/Cell:
Name:	Telephone/Cell:

AGREEMENT

1. All of the information provided above is true and current to my knowledge.
2. If accepted by Aviation Family Fund for assistance, I understand that all financials will be distributed to treatment centers/companies that I am requested financial assistance for, and not to me directly.
3. In keeping with the principles of recovery, I also understand that a more, in-depth, detailed conversation will accompany my application after submission.

SIGNATURE

Signed:

Date:

Please submit your completed application to:

Aviation Family Fund
311 Homestead Park Drive
Apex, NC 27502

Applications may be emailed to: Info@aviationfamilyfund.org