



Feal Good Foundation

FIRST RESPONDER INFORMATIONAL FORM

Case #

Name: _____ Date: _____

Address: _____

Phone- Home: _____ Cell: _____

Email Address: _____

Current Occupation: _____

Job/Function at WTC: _____

Social Security Benefits: _____

Workman'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 Feal Good Foundation as confidential in nature and that the Feal Good Foundation will not release such information to another party unless I/we have authorized such release in written form.

Signature of First Responder: _____

Signature of Spouse/Other: _____

Please check the box below if you are going to e-mail this form.

In lieu of my written signature and for the sake of e-mailing this document, and in accordance with 2004 Federal Digital Signature Laws I do add a check to this box assuring my agreement with all on this document and state, to the best of my ability and knowledge, that all information I have put here is true and accurate.

WHERE TO SEND:

Once you've completed this form online using your computer, PRINT and mail to the below address. Or, you can SAVE it to your computer's desktop and e-mail it as an attachment to the below address.

US MAIL:
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Nesconset, New York 11767

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