

World Trade Center Health Program Pentagon & Shanksville, Pennsylvania Responder Eligibility Application

The James Zadroga 9/11 Health and Compensation Act of 2010 (“Zadroga Act”) (Title XXXIII of the Public Health Service Act (PHS Act); 42 U.S.C. §§ 300mm-300mm-61) established the World Trade Center (WTC) Health Program to provide monitoring and treatment services for New York City, Pentagon, and Shanksville, Pennsylvania 9/11 responders. The Program also provides monitoring and treatment services for survivors in the New York City area. The WTC Health Program is administered by the National Institute for Occupational Safety and Health (NIOSH), within the Centers for Disease Control and Prevention (CDC), a component of the Department of Health and Human Services (HHS).

You will not need to fill out this entire form. You should fill out the sections that are required and that apply to your situation as outlined in the checklist provided below. Program definitions and instructions are provided, as needed, in each section of the form.

Please use this checklist to help you complete your application:

- Step 1:** Complete **Section 1: Applicant Information**. In this section you will be asked for general information such as your address and phone number.

- Step 2:** Complete one of following sections:
Section 2: Pentagon Responders. If you were a responder at the Pentagon site then you should complete this section of the application.

Section 3: Shanksville, Pennsylvania Responders. If you were a responder at the Shanksville, Pennsylvania site then you should complete this section of the application.

- Step 3:** Complete **Section 4: Required Documentation**. This section will explain what documentation you need to provide with your application. If you cannot complete this section then you must complete **Section 5: Alternate Documentation**. Only complete Section 5 if you do not have the required documentation to complete Section 4.

- Step 4:** Complete **Section 6: Administration Information**. This section will ask you for information needed by the Program to process claims if you are determined to be eligible for Program benefits.

- Step 5:** Read **Section 7: Notice of WTC Health Program Requirements**. This section provides you with important information about the Program.

- Step 6:** Read and sign **Section 8: Attestation and Acknowledgment**. This acknowledges that you have completed the application truthfully and that you understand the notices provided in the application. This section must be completed to process your application.

- Step 7:** Follow the instructions in **Section 9: Application Submission**. Once we receive your completed application we will determine your eligibility for benefits under the WTC Health Program.

If you have questions or need help with this application, call the WTC Health Program at 1-888-982-4748.

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 (0920-0962).

Section 1: Applicant Information

This section must be completed by all applicants.

Today's Date __/__/_____

Last Name _____

First Name _____ Middle Name _____

Mailing Address _____

E-mail address _____

City _____ State _____ Zip Code _____

Primary Phone # (____) - ____ - _____ Secondary Phone# (____) - ____ - _____

Date of Birth __/__/_____ Place of Birth _____ Gender Male Female

Government Identification Number (choose one)

Provision of your Government Identification Number is optional and you will not be denied enrollment in the program if you do not provide this information. However, not providing information may delay the processing of your application.

Driver's License Number and State where issued

Last 4 digits of Social Security Number

Passport Number and Country where issued

Other (number and type of identification)

Section 2: Pentagon Responders

A Pentagon responder is someone who was a member of a fire or police department (whether fire or emergency personnel, active or retired), worked for a recovery or cleanup contractor, or was a volunteer; and performed rescue, recovery, demolition, debris cleanup, or other related services at the Pentagon site of the terrorist-related aircraft crash of September 11, 2001, during the period beginning on September 11, 2001, and ending on November 19, 2001.

Police department means any law enforcement department or agency, whether under Federal, state, or local jurisdiction, responsible for general police duties, such as maintenance of public order, safety, or health, enforcement of laws, or otherwise charged with prevention, detection, investigation, or prosecution of crimes.

Pentagon site means any area of the land (consisting of approximately 280 acres) and improvements thereon, located in Arlington, Virginia, on which the Pentagon Office Building, Federal Building Number 2, the Pentagon heating and sewage treatment plants, and other related facilities are located, including various areas designated for the parking of vehicles, vehicle access, and other areas immediately adjacent to the land or improvements previously described that were affected by the terrorist-related aircraft crash on September 11, 2001; and those areas at Fort Belvoir in Fairfax County, Virginia and at the Dover Port Mortuary at Dover Air Force Base in Delaware involved in the recovery, identification, and transportation of human remains for the incident.

Check the box(es) that apply to you and answer any questions related to those box(es). Answer to the best of your ability. If you need help filling out this application or have questions, call the WTC Health Program toll free at 1-888-982-4748.

You must submit documentation or other records you have to support each box that you check. Examples of documentation are listed in **Section 4: Required Documentation**. If you do not have, or cannot get, any of the required documentation please see **Section 5: Alternate Documentation**.

- 1. I was a member of a fire or police department (whether fire or emergency personnel, active or retired) and performed rescue, recovery, demolition, debris cleanup, or other related services at the Pentagon site of the terrorist-related aircraft crash of September 11, 2001, during the period beginning on September 11, 2001, and ending on November 19, 2001.
- 2. I worked for a recovery or cleanup contractor and performed rescue, recovery, demolition, debris cleanup, or other related services at the Pentagon site of the terrorist-related aircraft crash of September 11, 2001, during the period beginning on September 11, 2001, and ending on November 19, 2001.
- 3. I was a volunteer and performed rescue, recovery, demolition, debris cleanup, or other related services at the Pentagon site of the terrorist-related aircraft crash of September 11, 2001, during the period beginning on September 11, 2001, and ending on November 19, 2001.

If you volunteered through an organization, please provide the name of the organization for which you volunteered. If you volunteered on your own, write "self."

Briefly describe the volunteer activity you performed.

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4. None of the above applies to me, but I believe that I qualify for the WTC Health Program as a Pentagon responder for the following reason(s). Please explain in detail why you believe you qualify for the WTC Health Program. You can use additional sheets of paper if you need more space.
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To the best of your ability, use the calendar below to fill in the number of days and hours per day that you performed rescue, recovery, demolition, debris cleanup, or other related services at the Pentagon site during the period beginning on September 11, 2001, and ending on November 19, 2001.

September 11 – September 30, 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						

October 1 – October 31, 2001

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<u>1</u>	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November 1 – November 19, 2001

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19					

Section 3: Shanksville, Pennsylvania Responders

A Shanksville responder is someone who was a member of a fire or police department (whether fire or emergency personnel, active or retired), worked for a recovery or cleanup contractor, or was a volunteer; and performed rescue, recovery, demolition, debris cleanup, or other related services at the Shanksville, Pennsylvania site of the terrorist-related aircraft crash of September 11, 2001, during the period beginning on September 11, 2001, and ending on October 3, 2001.

Police department means any law enforcement department or agency, whether under Federal, state, or local jurisdiction, responsible for general police duties, such as maintenance of public order, safety, or health, enforcement of laws, or otherwise charged with prevention, detection, investigation, or prosecution of crimes.

Shanksville, Pennsylvania *site* means the property in Stonycreek Township, Somerset County, Pennsylvania, which is bounded by Route 30 (Lincoln Highway), State Route 1019 (Buckstown Road), and State Route 1007 (Lambertsville Road); and those areas at the Pennsylvania National Guard Armory in Friedens, Pennsylvania involved in the recovery, identification, and transportation of human remains for the incident.

Check the box(es) that apply to you and answer any questions related to those box(es). Answer to the best of your ability. If you need help filling out this application or have questions, call the WTC Health Program toll free at 1-888-982-4748.

You must submit documentation or other records you have to support each box that you check. Examples of documentation are listed in **Section 4: Required Documentation**. If you do not have, or cannot get, any of the required documentation please see **Section 5: Alternate Documentation**.

- 1. I was a member of a fire or police department (whether fire or emergency personnel, active or retired) and performed rescue, recovery, demolition, debris cleanup, or other related services at the Shanksville, Pennsylvania, site of the terrorist-related aircraft crash of September 11, 2001, during the period beginning on September 11, 2001, and ending on October 3, 2001.
- 2. I worked for a recovery or cleanup contractor and performed rescue, recovery, demolition, debris cleanup, or other related services at the Shanksville, Pennsylvania, site of the terrorist-related aircraft crash of September 11, 2001, during the period beginning on September 11, 2001, and ending on October 3, 2001.
- 3. I was a volunteer and performed rescue, recovery, demolition, debris cleanup, or other related services at the Shanksville, Pennsylvania, site of the terrorist-related aircraft crash of September 11, 2001, during the period beginning on September 11, 2001, and ending on October 3, 2001.

If you volunteered through an organization, please provide the name of the organization for which you volunteered. If you volunteered on your own, write "self."

Briefly describe the volunteer activity you performed.

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4. None of the above applies to me, but I believe that I qualify for the WTC Health Program as a Shanksville, Pennsylvania responder for the following reason(s). Please explain in detail why you believe you qualify for the WTC Health Program. You can use additional sheets of paper if you need more space.

To the best of your ability, fill in the number of days and hours per day that you performed rescue, recovery, demolition, debris cleanup, or other related services at the Shanksville, Pennsylvania site during the period beginning on September 11, 2001, and ending on October 3, 2001.

September 11 – September 30, 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						

October 1 – October 3, 2001

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<u>1</u>	2	3			

Section 4: Required Documentation

Provide documents or any other records you have which show your work or volunteer activity performed (rescue, recovery, demolition, debris cleanup, or related service); the relevant time periods; and the location where you performed rescue, recovery, demolition, debris cleanup, or related services during the hours/days you stated above. If you do not have any of the required documentation please see **Section 5: Alternate Supporting Documentation**.

Documents/records should include the following:

1. Your name;
2. Your rescue, recovery, demolition, debris cleanup, or related services activities;
3. The date(s) that you worked or volunteered onsite; and
4. Your location(s) during the relevant work/volunteer activity.

Examples of documents/records include, but are not limited to, the following:

- Written statement by an employer or organization that confirms your relevant work/volunteer activity and your work/volunteer location during the days you stated above;
- Work ID, site ID, rosters, memo books, pay stub, 1099, W-2, W-4, tax return, or other documents that show your name, your relevant work activity, and your relevant work location during the days you stated above;
- Site ID, rosters, award certificates, or other documents that show your name, your relevant volunteer activity, and your relevant volunteer location during the days you stated above; or
- Your employer's (or any other work-related) website, news articles, or other information that shows your name, your relevant work/volunteer activity, and your relevant work/volunteer location during the days you stated above.

Please include copies of the documents or records when you submit this application. Providing as much documentation as possible will help in processing your application. If you have any questions, call the WTC Health Program toll free at 1-888-982-4748.

Section 6: Administration Information

This section must be completed by all applicants.

A. Payment for Services

WTC Health Program services are provided at no cost to responders. The Program will cover the cost of the 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, other work-related injury or illness benefits claim, and private and public healthcare coverage.

The 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, demolition, 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 in your workers' compensation or other worker-related injury or illness claim, an advocate, or other personal representative please provide the following information about your attorney or representative :

First & Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Primary Phone: (_____) _____ - _____

B. 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, types of documentation might be available to support your application.

Section 7: Notice regarding WTC Health Program Requirements

This section provides a general overview of the requirements, services, and benefits of the WTC Health Program.

Services provided under the WTC Health Program include the following: (1) medical monitoring and treatment benefits to eligible emergency responders and recovery and cleanup workers (including Federal employees) who responded to the September 11, 2001, terrorist attacks; and (2) initial health evaluation, monitoring, and treatment benefits to residents and other building occupants and area workers in New York City who were directly impacted and adversely affected by such attacks. Services are provided through Clinical Centers of Excellence (CCE) or through the Nationwide Provider Network. The WTC Program Administrator, designated as the Director of NIOSH, determines eligibility and certifies when an enrolled member's condition is eligible for treatment.

Treatment and Monitoring

Eligible responders and survivors, including those eligible under prior programs, will receive monitoring and treatment that is medically necessary for WTC-related health conditions and health conditions medically associated with WTC-related health conditions. Medical monitoring is intended to detect symptoms and illnesses that may be WTC-related. The monitoring examinations include a physical exam, routine blood and urine tests (this does not include drug or HIV testing), breathing tests, a mental health assessment, exposure assessment, and referral for treatment, if necessary.

If a Clinical Centers of Excellence (CCE) physician refers a new member for care for a WTC-related health condition based on the initial health evaluation or medical monitoring examination, the WTC Program Administrator must first certify the condition for coverage and approve the treatment provided. Covered treatment, including outpatient prescription medications, is available for WTC-related health conditions and certain health conditions medically associated with a WTC-related health condition. Treatment is provided by medical personnel familiar with WTC-related medical conditions.

These services and benefits are voluntary benefits for members. Responders and survivors may withdraw from participation in the WTC Health Program at any time, without any financial or other consequences, other than loss of program services.

Pharmacy Benefits

Members are entitled to pharmacy benefits, specifically medically necessary outpatient prescription drugs for WTC-related or associated conditions. The WTC Health Program contracts with one or more pharmaceutical providers, and has the discretion to change pharmaceutical provider(s) at any time.

WTC-related health conditions

The Zadroga Act designates the WTC-related health conditions covered for treatment. The list of covered conditions can be found at www.cdc.gov/wtc. The list of covered conditions is also outlined in 42 C.F.R. § 88.1. Additional health conditions may be added to this list by the WTC Program Administrator. Any additions will be made through rulemaking.

Payment for Services

The cost of WTC Health Program care will be provided by the program and coordinated with any other private or public healthcare plans (*e.g.*, Medicare) responders or survivors may have if the WTC-related condition is not work-related. Where a condition is work-related, the WTC Health Program is also entitled to reduce payment or recoup payment for treatment of a WTC-related health condition if such condition is covered by a workers' compensation or similar work-related injury or illness plan. The Program may share a responder's or survivor's protected health information and/or personally identifiable information (*e.g.*, medical records) with these potential payers for reimbursement purposes.

In addition, the WTC Health Program may exchange personally identifiable information with the Centers for Medicare and Medicaid Service and WTC Health Program contractors for payment purposes.

Please note, the WTC Health Program is not a substitute for a responder's or a survivor's personal health insurance; the WTC Health Program will not provide general health care and does not substitute for visits to the responder's or survivor's own physician or other healthcare provider. The WTC Health Program is a limited health program which only provides treatment for specified health conditions. Responders and survivors are responsible for obtaining necessary follow-up evaluations and treatment at their own expense for any health conditions that are not determined to be WTC-related conditions, or are not pre-authorized by the responders' or survivors' CCE or CCE physician and the WTC Health Program.

Responders' and survivors' participation in the WTC Health Program does not prevent them from seeing their personal physician or obtaining any medical evaluation or treatment from any other provider at their expense.

In certain circumstances, responders and survivors may be eligible for reimbursement of necessary and reasonable transportation expenses involving travel of more than 250 miles.

Availability of Treatment and Benefits

The availability of treatment and benefits for responders and survivors is dependent upon funding for the WTC Health Program. In addition, the Zadroga Act places limits on the number of enrolled responders and certified-eligible survivors in the program.

In the event that further funding is not appropriated for the WTC Health Program or that the numerical enrollment limitation is reached, responders and members may be placed on a waiting list. Should this occur, responders and survivors will be promptly notified when they are removed from the waiting list and enrolled in the WTC Health Program. If the program terminates, it is the responsibility of individual responders and survivors to pursue the appropriate medical monitoring, evaluation, and treatment from their personal physician and pharmacy, at their own expense.

Applications

The WTC Health Program will evaluate applications on a first-come, first-served basis.

Appeals Process

Responders and survivors are entitled to appeal the WTC Program Administrator's determinations regarding eligibility, certification of health conditions, and provision of treatment/benefits. The individual or his or her designated representative may appeal the decision in writing within 60 days of the decision. The appeal must contain the reasons why the responder or survivor believes the WTC Program Administrator's decision is incorrect.

For appeals regarding eligibility, the WTC Program Administrator will designate a Federal official who is independent of the program to review the appeal and make a final determination. The appeal may include relevant information that was not previously considered by the WTC Program Administrator. The WTC Program Administrator may reopen and reconsider a denial at any time. An appeal related to an eligibility denial based on information from the terrorist watch list will be delegated to the appropriate Federal agency.

For appeals concerning certification of a health condition or treatment/benefits determinations, the WTC Program Administrator will appoint a Federal official who is independent of the program to review the appeal and make a final determination. The Federal official may request one or more qualified experts to review the WTC Program Administrator's initial determination. The expert(s) will submit their findings to the Federal official, and he/she will make the final determination. Such determination will not be reconsidered upon

request of a responder or survivor. However, the WTC Program Administrator may reopen a final determination and may affirm, vacate, or modify such final determination in any manner he or she determines appropriate.

Terrorist Watch List

The Zadroga Act requires that, prior to enrolling any individual in the WTC Health Program, the WTC Program Administrator must determine whether the individual is on the terrorist watch list. The WTC Program Administrator will consult the Department of Justice (DOJ) for the necessary determination. Individuals determined to be on such list are not entitled to any benefits under the WTC Health Program. This also applies to responders and survivors who were eligible for treatment and benefits under prior WTC programs. Any disclosure of personally identifiable information to the DOJ will be limited to information that is necessary to determine eligibility and qualification under the program. Personally identifiable information will be destroyed or returned to NIOSH once it is determined that you are not on the terrorist watch list.

Victim Compensation Fund

Title II of the Zadroga Act reactivates the Victim Compensation Fund of 2001 (VCF), which provides compensation to any individual (or a personal representative of a deceased individual) who suffered physical harm or was killed as a result of the terrorist-related aircraft crashes of September 11, 2001, or the debris removal efforts that took place in the immediate aftermath of those crashes. The VCF has now expanded the geographic zone in which individuals may have suffered physical harm or death. The VCF is administered by DOJ. Responders or survivors who have applied for benefits from the WTC Health Program may also apply for benefits under the VCF. The VCF requires individuals applying to the program to sign an authorization form permitting DOJ to request and share personally identifiable information, (including medical records) from and with entities and programs, such as WTC Health Program. Therefore, for an individual who has applied to the VCF who is also a member of the WTC Health Program, the WTC Health Program may disclose personally identifiable information to the VCF.

The VCF may also request information from WTC Health Program about any WTC Health Program certification or requested certification of the WTC Health Program member's WTC-related health condition and the member's eligibility for treatment. Information regarding costs and payment for treatment of a WTC Health Program member may also be shared with VCF since VCF compensation awards may be reduced by the cost of treatment the individual receives or is entitled to receive by all collateral source compensation the individual has received or is entitled to receive as a result of the terrorist-related aircraft crashes of September 11, 2001, or debris removal in the immediate aftermath. Collateral sources include compensation provided under the WTC Health Program.

Clinical Centers of Excellence

The WTC Health Program contracts with CCEs to provide monitoring, treatment, and initial health evaluation benefits, among other services, to responders and survivors. In compliance with the Zadroga Act, the CCEs also collect and report data, including data about claims, to WTC Health Program Data Centers.

Data Centers

In accordance with the Zadroga Act, the WTC Health Program contracts with Data Centers to do the following:

- 1) Receive, analyze, and report to the WTC Health Program on data that have been collected and reported to the Data Center by the corresponding CCEs;
- 2) Develop monitoring, initial health evaluation, and treatment protocols with respect to WTC-related health conditions;
- 3) Coordinate the outreach activities of the CCEs;
- 4) Establish criteria for credentialing of medical providers participating in the nationwide provider network; and
- 5) Coordinate and administer the activities of the WTC Health Program Steering Committees; and

- 6) Meet periodically with the CCEs to obtain input on the analysis and reporting of data and on development of monitoring, initial health evaluation, and treatment protocols.

Nationwide Provider Network

The Nationwide Provider Network contracts with the WTC Health Program to provide monitoring, treatment, and initial health evaluation benefits to responders and survivors who reside in areas outside of the New York metropolitan area. Individuals who reside outside of the New York metropolitan area may alternatively elect to receive such benefits from any CCE. The providers under the Nationwide Provider Network must meet qualifications established by Data Centers. Similar to the CCEs, the Nationwide Provider Network collects and reports data, including data about claims, to the Data Centers.

Privacy Act Statement and Additional Permitted Disclosures of Personally Identifiable Information and Records

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that the WTC Health Program is administered by the Department of Health and Human Services (HHS), which receives and maintains personal information on applicants under the statutory authority, 42 U.S.C. §§ 300mm-300-61. The information received is required to determine eligibility and qualification for the WTC Health Program and for any subsequent initial health evaluations, monitoring and treatment or other benefit under WTC Health Program. Failure to provide this information may prevent or delay the process of an application or determination of eligibility.

In addition to those WTC Health Program uses outlined above, and as allowed by the Privacy Act, information and records on responders and survivors submitted to or developed by the WTC Health Program may be disclosed to specific individuals/entities for certain routine uses, including the following:

- 1) DOJ in the event of litigation where HHS, any component of HHS, any employee of HHS, or the United States is involved. Such disclosure may be made to DOJ to enable that Department to present an effective defense, provided that such disclosure is compatible with the purpose for which the records were collected;
- 2) DOJ and its contractors to provide terrorist screening support in accordance with NIOSH's statutory obligation to determine whether an individual is on the "terrorist watch list" as required by 42 U.S.C. §§ 300mm-21 and 300mm-31 and is qualified to be enrolled in the WTC Health Program;
- 3) DOJ pertaining to an individual's enrollment in the WTC Health Program, the WTC Program Administrator's decision regarding whether an individual's medical condition is certified as a WTC-related health condition or a health condition medically associated with a WTC-related health condition, and the WTC Program Administrator's decisions regarding the authorization of treatment and payment for health evaluations, monitoring, and treatment in order to aid DOJ in the implementation of Title II of the Zadroga Act regarding the Victim Compensation Fund;
- 4) Contractors performing or working on a contract for HHS who require access to information to perform duties or activities for HHS (in accordance with the law and the contract);
- 5) Federal agencies or an entity under governmental jurisdiction that administer or has the authority to investigate potential fraud, waste, or abuse in a health benefits program administered using Federal funds. Such disclosure of information must be found reasonably necessary by the WTC Health Program to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or combat fraud, waste, or abuse in the WTC Health Program;
- 6) State and local health departments may receive information about certain diseases or exposures, where the State has a legally constituted reporting program for communicable diseases and which provides for the confidentiality of the information. This may include official State registries;

- 7) Members of Congress or Congressional staff members who have submitted a verified request involving an individual who is entitled to the information and has requested assistance from the Member or staff member;
- 8) To a member's personal representative where the member has authorized such individual to represent him or her in regard to the WTC Health Program. The member may appoint one individual to represent his or her interests under the WTC Program and the appointment must be in writing. If a screening-eligible or certified-eligible survivor is a minor, a parent or guardian may act on his or her behalf;
- 9) NIOSH collaborating researchers (*e.g.*, NIOSH contractors, grantees, cooperative agreement holders, Federal or State scientists) to accomplish the research purpose for which the records are collected;
- 10) Social Security Administration, in connection with public health activities, for sources of locating information to accomplish the research or program purposes for which the records were collected; and
- 11) Applicable entities for the purpose of reducing or recouping WTC Health Program payments for treatments based on other payments made to individuals under a workers' compensation law or plan of the United States, a State, or locality, or other work-related injury or illness benefit plan of the employer of such worker or public or private health plan as required under 42 U.S.C. § 300mm-41.

The current System of Records Notice (SORN) was published in the Federal Register on June 14, 2011, 76 Fed Reg 34706, and includes the above-referenced disclosures as required by the Privacy Act. You can access the current SORN and any future updates to the SORN at the following website address: <http://www.cdc.gov/SORNnotice/09-20-0147.htm>. Any amendments to the current SORN may include additional disclosures of personal information.

Personal Representatives

A responder or survivor may designate an individual to represent his/her interests under the WTC Health Program. The responder or survivor can have only one individual represent her or him at one time. A parent or a guardian may act on behalf of a minor seeking monitoring or treatment services under the WTC Health Program.

Penalties

If a responder or survivor knowingly provides false information to the WTC Health Program, including on the application for eligibility for treatment and benefits, he/she may be subject to a fine and/or imprisonment of not more than five years.

For more information about the WTC Health Program, please refer to the authorizing statute and federal regulations (see Title XXXIII of the Public Health Service Act, 42 U.S.C. §§ 300mm-300mm-61; 42 C.F.R. Part 88).

Section 8: Attestation and Acknowledgement

This section must be completed by all applicants.

Please read carefully, sign, and date the following statement:

I am applying to the WTC Health Program. I give permission for my personal information to be used by appropriate Federal Government agencies and Federal Government contractors as outlined in this section, 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 below, I attest that I have answered all of the questions in this application form truthfully, I acknowledge that I have read and understand the program requirements outlined above, and that I understand the following:

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to gain enrollment 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.

PRINT NAME

SIGNATURE

DATE

Section 9: Application Submission

This section must be completed by all applicants.

You should complete all sections of this document before submitting your application. **You must make sure to sign this application (see Section 8: Attestation and Acknowledgement) before submitting it to the WTC Health Program. Failure to read the entire document and sign the application will delay the eligibility determination process.**

Your application and copies of your supporting documents can be submitted by fax to 1-877-646-5308 or by mail to:

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