INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS FOUNDATION

Burn Fund Assistance Application

IAFF Burn Fund Assistance is awarded for the purpose of providing financial assistance for temporary emergency expenses for IAFF members and/or a member of their immediate family (spouse or children) who suffers a burn injury that requires *admission to a burn center. The assistance is determined by the Chair of the IAFF Foundation. *(Admission is considered greater than 24 hours.)

PERSONAL INFORMATION		
AFF Local Number:	IAFF Membership Number:	
Name:		
Last	First	M.I.
Address	nber and Street	
Null	iber and Street	Apt/Unit#
City	State	Zip
Phone:	Alternate Phone:	
mail Address:		
NFORMATION FOR THE INJURED IF NOT THE MI	EMBER	
Relationship to the member:		
Name:		
Last	First	M.I.
AddressNum	nber and Street	Apt/Unit#
City	State	
City	State	Zip
'hone:	Alternate Phone:	
mail Address:		
Jpon receipt of the completed application; and after	er verification of the member's need, the IAFF will issue a c count the instructions of the individual member and the IAF	
DIRECT DEPOSIT INFORMATION		
Bank Name		
Account Number	Pouting I	lumbor

A member is only eligible for assistance if he/she or a member of their immediate family (spouse or child) suffered a burn injury that required *admission to a burn center. The member must provide evidence of the need for assistance (e.g., description of injury and injured party), details on anticipated expenses for which the member needs assistance (e.g., travel and lodging for the closest burn center), and/or receipts for expenses already incurred.

Any disbursement from the fund shall only be made to current IAFF members if he/she or a member of their immediate family (spouse or child) suffered a burn injury that required admission to a burn center, resulting in financial hardship. Disbursements shall only be granted for the immediate family for travel, housing, food, and other similar assistance as deemed appropriate. Funds are NOT awarded for minor injuries that do not require *admission to a burn center.

DESCRIPTION OF INJURY AND FINANCIAL HARDSHIP		
OCAL AFFILIATE INFORMATION		
AFF Local Number:		
President's Name:		
Last	First	M.I.
AddressNumber and Street		Apt/Unit#
City	State	Zip
Phone: Altern	nate Phone:	
Email Address:		
LOCAL PRESIDENT (OR IAFF DVP) VERIFICATION AND APPRO President/DVP Name:		
As the president/officer of the IAFF local (or the applicable good standing, I verify the accuracy of the member's claim	IAFF District Vice President) to which the a	bove applicant is a member in
☐ SENT TO ME, AND I WILL PRESENT TO MEMBER.		
☐ SENT TO OR DEPOSITED IN MY MEMBER'S BANKING ACCOUNT	T (WHEN INFORMATION PROVIDED).	
Print	Name and Check Box Above If Approved	
All applications for assistance must be submitted within 14 days from	the date of the injury using the IAFF Burn Fund Assi:	stance Application Form. All application

All applications for assistance must be submitted within 14 days from the date of the injury using the IAFF Burn Fund Assistance Application Form. All applications shall be submitted through the IAFF member's Local Affiliate President. The IAFF Local Affiliate President shall verify the accuracy of the member's claim for Burn Fund financial assistance.

All applications for Burn Fund financial assistance shall be sent to the IAFF District Vice President where the member is affiliated or directly to:

Chairman

IAFF Burn Fund

c/o Division of Occupational Health, Safety and Medicine International Association of Fire Fighters

1750 New York Avenue, NW

Washington, DC 20006

This form, as well as supporting documentation (e.g., receipts), can be sent via e-mail to burnfoundation@iaff.org.