



Application for Foundation Assistance

If you have any questions, please contact Marcy Watson at (317) 536-8340 or email mwatson@cfa-foundation.org

APPLICANT INFORMATION

Worker's Full Name _____
Last First Middle

Worker's Address _____
Street City State Zip

Home Phone (_____) _____ Cell Phone (_____) _____

Number of dependents (including minor children* of the applicant) _____

*Age(s) of minor children _____

Employer at Time of Injury _____

Employer Address _____
Street City State Zip

Name of Person Submitting _____

Phone (_____) _____ Email _____

Relationship to Worker: _____

Who should we contact for additional information?

Name _____

Relationship to Worker _____

Phone _____ Email _____

INCIDENT/INJURY INFORMATION

(1) Was this a construction or contractor maintenance-related incident at an Indiana jobsite? Yes ___ No* ___
*If you answered no, please explain _____

(2) Was the applicant fatally injured? Yes ___ No ___

(3) If you answered no, please describe the incident and resulting injury: _____

(4) Date of Incident _____

(5) Location of Incident (please include name of facility if applicable) _____

(6) How has this injury/fatality affected the worker and his/her family financially? _____

(7) Please use this space for any additional information you feel the CFA Foundation Board should know _____

I certify the information on this application is factually correct to the best of my knowledge.

Signature of Submitter

Printed Name of Submitter

Date

Once you have completed this application you may mail or e-mail to:

Construction Family Assistance Foundation, Inc.
6510 Telecom Dr., Suite 200, Indianapolis, IN 46278
(317) 536-8340 E-mail: mwatson@cfa-foundation.org