



Application for Foundation Assistance

Date _____

APPLICANT INFORMATION

Worker's Full Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Employer at Time of Injury _____

Name of Person Submitting _____

Relationship to Worker _____

Close Relative/Spouse (Optional) _____ Phone No. _____

INCIDENT/INJURY INFORMATION

(1) Was this a construction or facilities maintenance-related incident? Yes ___ No* ___

*If you answered no, please explain _____

(2) Did this incident result in a fatality? Yes ___ No ___

(3) Date and Place of Incident

(4) How has this injury/death affected the worker and his or her family? _____

(5) Please use this space for any additional information you feel the Foundation Committee should know _____

(6) Please attach any documents relative to this application for MICCS Foundation assistance

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, fax, or e-mail to:

Metro Indianapolis Coalition for Construction Safety, Inc. (MICCS)

200 South Meridian Street, Suite 410
Indianapolis, IN 46225
Tel: (317) 686-2665 Fax: (317) 686-2672
E-mail: sgrimes@miccs.org

