



The MICCS Foundation

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. _____

ACCIDENT/INJURY INFORMATION

(1) Was this a construction-related accident? Yes _____ No _____

(2) Did this accident result in a fatality? Yes _____ No _____

(3) Date and Place of Accident

(4) Description of Accident

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

(6) Please list any witnesses to the injury/death (OPTIONAL)

Name _____ Phone No. _____

Name _____ Phone No. _____

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

(8) Please attach any documents related to the injury or accident you feel are relevant

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 (MICCS)

7439 Woodland Drive, Suite 200
Indianapolis, IN 46278
Tel: (317) 328-2150 Fax: (317) 328-2545
E-mail: dfair@miccs.org