

BOSTON SURVIVORS ACCESSIBILITY ALLIANCE

REQUEST FOR ASSISTANCE FORM FOR SURVIVORS WITH PHYSICAL INJURIES THAT NECESSITATE ACCESSIBILITY ACCOMMODATIONS IN HOME OR PLACE OF BUSINESS*

To assist us in responding to your request as soon as possible, please help us by completing the information requested in the form below. If you need assistance in completing this form, please call (617)727-3200 ext. 25239 or email bsaaprogramsupport@state.ma.us. For additional information, please visit www.mass.gov/dps and click on to the BSAA link on the web page under Programs & Services. We encourage applicants to review the FAQ's available on the web page *before* completing this application

1. APPLICANT INFORMATION

First Name:	M.I.:	Last Name:		
Date of Birth (mm/dd/yyyy):				
Street Address:	City:	State:	Zip Code:	Country:
Telephone (Day):	Telephone (Evening/Cell):		Email:	

Applicant's Circumstances:

Injured at the site of the Boston Marathon on April 15, 2013

Have you filed a claim with the Victim Witness Compensation Unit at the Office of the Attorney General? ___Yes ___No
If yes, please provide

1. Claim #: _____ **OR**
 2. Letter you received from Victim Witness Compensation Unit from the Office of the Attorney General confirming receipt of the claim.
- If no, please provide supporting documentation (i.e., from OneFund, FBI Office of Victim Assistance, etc.) demonstrating eligibility for BSAA services.

2. HOUSING & BUSINESS SPACE

Applicant's Circumstances:	<input type="checkbox"/> Own home	<input type="checkbox"/> Rent home or apartment (please provide landlord contact information)

	<input type="checkbox"/> I do not own or rent (explain) _____	
	<input type="checkbox"/> Other (explain) _____	
	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Own business space <input type="checkbox"/> Rent Business space
	Business Address if Applicant owns business space:	
	*Modifications to applicant owned businesses will be determined on a case by case basis	

3. APPLICANT/REPRESENTATIVE INFORMATION

(Please complete if you are submitting a request for assistance on behalf of a minor child or incompetent adult)

Relationship to Applicant (please provide proof of relationship to Applicant): Parent _____
 Other: _____

Note: If the applicant is a minor or an incompetent adult, documentation of representative capacity such as a birth certificate or documentation of guardianship, etc. is required.

Proof of representative capacity attached: ___ Yes ___ No

Representative First Name:	M.I.:	Last Name:		
Date of Birth (mm/dd/yyyy): / / /				
Street Address:	City:	State:	ZIP Code:	Country:
Telephone (Day):	Telephone (Evening/Cell):		Email:	
Name of Attorney (If represented):	Attorney Phone:		Attorney Email:	

PHYSICAL INJURY INFORMATION

- a. Did your injuries result in amputation or immobility of one or more limbs? ___ Yes ___ No ___ Unsure
- b. Did your injuries result in loss of vision or hearing? ___ Yes ___ No ___ Unsure
- c. Do you/will you need to use a wheelchair? ___ Yes ___ No ___ Unsure
- d. Are you/will you be fitted for prosthetics? ___ Yes ___ No ___ Unsure
- e. Are you/will you need aids for hearing or sight? ___ Yes ___ No ___ Unsure
- f. Have you seen an occupational therapist for your injuries?
If yes, name and phone number of therapist:

4. PLEASE DESCRIBE INJURIES & MOBILITY ISSUES IN YOUR HOME

- a. Please provide a description of your injuries and mobility challenges within your home. Use additional pages if necessary.

Example: Right leg below the knee amputation etc.

Example: Stairs to enter the home, 2 story home with stairs, hallways or rooms too narrow for wheelchair etc.

A large rectangular area containing 26 horizontal lines for writing, with a thicker top line.

5. APPLICANT/REPRESENTATIVE OF INCOMPETENT ADULT SIGNATURE (Required)

I hereby certify under the pains and penalties of perjury that the information provided in this application is true and accurate to the best of my knowledge. Signature of Applicant on this application does not constitute a Waiver of any Legal Rights

Name of Applicant or Representative (Print)

Signature of Applicant or Representative

Date

By signing this application, I understand and agree that the information submitted with the application, along with any additional information submitted in conjunction with this application and which otherwise may be protected by G.L. c. 66 and G.L.c. 4 §7(26) may be shared with those members of the Boston Survivors Accessibility Alliance who are assigned to my project for the sole purpose of providing the services being offered by the BSAA.

6. PARENT SIGNATURE

If the Applicant is a minor, both parents must sign this request for assistance form. If both signatures cannot be obtained, please explain why in space provided below. If minor is a child of single parent, please submit documentation of sole authority including birth certificate listing only applying parent, court order granting sole custody to the applying parent, adoption decree or other documentation as appropriate.

I hereby certify under the pains and penalties of perjury that the information provided in this application is true and accurate to the best of my knowledge. Signature of applicant or representative of incompetent adult on this form does not constitute a waiver of any legal rights.

Name of First Parent (Print)

Signature of First Parent

Date

Name of Second Parent (Print)

Signature of Second Parent

Date

By signing this application, I understand and agree that the information submitted with the application, along with any additional information submitted in conjunction with this application and which otherwise may be protected by G.L. c. 66 and G.L.c. 4 §7(26) may be shared with those members of the Boston Survivors Accessibility Alliance who are assigned to my project for the sole purpose of providing the services being offered by the BSAA.

Both signatures cannot be obtained because: _____

Please Return Completed Claim Form via U.S Mail, Overnight Courier or Email to:

**BSAA Program Support
Department of Public Safety
One Ashburton Place
Room 1301
Boston MA 02108
bsaaprogramsupport@state.ma.us**