



## World Trade Center (WTC) Health Program National Emergency Management First Responders

Dear 9-11 Responder,

The 9-11 community has long recognized the dedication and service of the thousands of 9-11 responders from across the nation. The Zadroga Act of 2010 has increased services to 9-11 responders and expanded outreach efforts those who may be eligible for the **World Trade Center Health Program** benefits. In the aftermath of the 9-11-01 terrorist attacks, many thousands of responders in emergency management, rescue, recovery, clean up and construction workers like you were on site for days, weeks and even months at a time at Ground Zero and other areas in Lower Manhattan, at the Staten Island Landfill, the Chief Medical Examiner's Office, the NYC barge loading piers and at the Pentagon in Arlington, VA or the crash site in Shanksville, PA.

The Inner City Fund (ICF International) and the National Disaster Interfaiths Network have partnered with the Center for Disease Control (CDC) and the National Institute for Occupational Health and Safety (NIOSH) to provide outreach and education to those in the 9-11 community who may be eligible for **free World Trade Center Health Program** benefits. This includes those of you who came from all over the country and were in the designated disaster areas working to support the local responders and participate in the extraordinary effort to provide rescue, recovery and clean up at each of the sites of the 9-11 terrorist attacks.

To find out if you are an eligible responder, we invite you to review the attached flyer and determine if you worked or volunteered in the designated disaster area(s). If so, we encourage you to apply to the **World Trade Center Health Program** using the attached WTC Health Program application. The completed application must be faxed to 1-877-646-5308 or mailed to:

World Trade Center Health Program  
PO Box 7000  
Rensselaer, NY 12144

Visit the ICF webpage <http://www.icfi.com/wtchealth> for more information about the World Trade Center Health Program and our partnership. If you would like assistance with the enrollment process, please contact us at [wtchealthprogram@icfi.com](mailto:wtchealthprogram@icfi.com) or call **1-888-982-4748** with any questions.

We appreciate the support you provided in the aftermath of the 9-11 terrorist attacks and want to ensure that those who are eligible to enroll in the WTC Health Program do so. Thank you again for everything you did for the 9-11 community.

Sincerely,

April Naturale on behalf of the World Trade Center Health Program

**Questions? Call us at 1-888-982-4748 or visit our website at <http://www.icfi.com/wtchealth>**

This Program is Administered by the National Institute for Occupational Safety and Health



# World Trade Center (WTC) Health Program

## 9-11 National Emergency Management, Rescue, Recovery Volunteers and Staff

### Did you:

- Work or volunteer to provide services related to the September 11, 2001 attacks in areas such as emergency management, rescue, recovery, clean up or construction services in Lower Manhattan (south of Canal Street), Ground Zero, Staten Island Landfill, Chief Medical Examiner's Office, the NYC barge loading piers or at the Pentagon in Arlington, VA or the crash site in Shanksville, PA?

### If so, you may be eligible for FREE WTC Health Program benefits:

- Annual medical examinations
- Treatment services for approved health conditions that cause problems like:
  - Trouble breathing with wheezing, like asthma
  - Being less able to do what you normally do without becoming short of breath
  - Frequent sinus problems or a constant cough
  - Frequent nose and throat irritation
  - Stress related illness, anxiety, and depression
- Medications for WTC-related health conditions

## If You Did Work in the Locations Identified, What Next?

Apply for the program. Get a copy of the application by calling 1-888-982-4748 or email: [wtchealthprogram@icfi.com](mailto:wtchealthprogram@icfi.com). You can also visit our website at [www.cdc.gov/wtc](http://www.cdc.gov/wtc).

***We counted on you after 9-11,  
Now let us count you in.***

It is important for us to enroll all responders who are potentially eligible even if you are not experiencing any health or mental health problems at this time.

The Program also provides benefits for eligible people who were present, lived, worked, or went to school in the New York City disaster area (south of Houston Street and any block in Brooklyn that is within a 1.5-mile radius of the former World Trade Center site).



## Where do I get care?

The WTC Health Program has multiple clinic locations to serve you.

Brooklyn – Manhattan – Queens – Staten Island – Long Island – New Jersey

**Locations are also available outside of the New York City metro area**

Questions? Call us at 1-888-982-4748 or visit our website at [www.cdc.gov/wtc](http://www.cdc.gov/wtc).



## World Trade Center Health Program Responder Eligibility Application (Other than FDNY)

**A World Trade Center (WTC) Health Program General Responder is a worker or volunteer who provided Rescue, Recovery, Demolition, Debris, Removal and related support services in the aftermath of the September 11, 2001 attacks on the World Trade Center but was not affiliated with the Fire Department of New York.**

**If you believe that you are eligible for enrollment in the WTC Health Program, please provide the following information to begin the eligibility determination process:**

Today's Date \_\_\_/\_\_\_/\_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Secondary Phone# (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ Gender  Male  Female

Place of Birth \_\_\_\_\_

Government Identification Number  
(choose one)

*Provision of your Government Identification Number is optional and you may not be denied enrollment in the program for failure to provide it. However your failure to provide it may delay or prevent action on your application.*

\_\_\_\_\_  
Driver's License

\_\_\_\_\_  
Last 4 digits of Social Security Number

\_\_\_\_\_  
Passport

\_\_\_\_\_  
Other (what type?)

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0891).



**Programa de atención médica del World Trade Center  
Formulario de preselección de solicitantes (no pertenecientes al  
Departamento de bomberos de NY)**

**El miembro del personal general de respuesta bajo el Programa de atención médica del World Trade Center (WTC) es todo trabajador o voluntario que no pertenecía al Departamento de Bomberos de Nueva York (FDNY) y que proporcionó servicios de rescate, recuperación, demolición, limpieza o remoción de escombros y otras tareas relacionadas con las secuelas de los ataques al WTC el 11 de septiembre del 2001.**

**Si cree que reúne los requisitos para inscribirse en el Programa de atención médica del WTC, sírvase proporcionar la siguiente información para comenzar el proceso de elegibilidad:**

Fecha de hoy \_\_\_/\_\_\_/\_\_\_

Apellido \_\_\_\_\_

Nombre \_\_\_\_\_ Segundo nombre \_\_\_\_\_

Dirección postal  
\_\_\_\_\_

Correo electrónico \_\_\_\_\_

Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código postal \_\_\_\_\_

Teléfono principal # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Teléfono secundario # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Fecha de nacimiento \_\_\_/\_\_\_/\_\_\_ Sexo  Masculino  
 Femenino

Lugar de nacimiento \_\_\_\_\_

Número de identificación de documento  
oficial (elijá uno)

*El suministro del número de su documento de  
identificación oficial es opcional y a usted no se  
le negará la inscripción al programa si no lo  
proporciona. Sin embargo, no proporcionarlo  
puede retrasar o evitar la gestión de su solicitud.*

\_\_\_\_\_  
Licencia de conducir

\_\_\_\_\_  
Últimos 4 números de su Seguro Social

\_\_\_\_\_  
Pasaporte

\_\_\_\_\_  
Otro (¿qué tipo?)

**Please answer the following questions about your World Trade Center Disaster Area Experience. If you want help in filling out this application or have questions, you may call toll-free 1-888-982-4748.**

**Check the box that applies to your time working or volunteering.**

I worked or volunteered onsite in rescue, recovery, debris cleanup, or related support services in lower Manhattan (south of Canal St.), the Staten Island Landfill, or the barge loading piers.

I was a member of the Police Department of New York City (active or retired) or a member of the Port Authority Police of the Port Authority of New York and New Jersey (active or retired) who took part onsite in rescue, recovery, debris cleanup, or related services in the following location (choose all that apply):

- Lower Manhattan (south of Canal Street)
- Ground Zero
- Staten Island Landfill
- Barge loading piers

I was an employee of the Office of the Chief Medical Examiner of New York City involved in the examination and handling of human remains from the World Trade Center attacks, or for another morgue performing similar post-September 11 functions for such Office staff.

I was a worker in the Port Authority Trans-Hudson Corporation Tunnel.

I was a vehicle-maintenance worker who was exposed to debris from the former World Trade Center while retrieving, driving, cleaning, repairing, and/or maintaining vehicles contaminated by airborne toxins from the September 11, 2001, terrorist attacks.

None of the above, but I believe that I qualify for the following reason:

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**Por favor, responda las siguientes preguntas sobre sus actividades en el área de desastre del World Trade Center. Si desea que le ayuden a llenar esta solicitud o tiene preguntas, puede llamar gratis al 1-888-982-4748.**

**Marque la casilla que corresponda a lo que hizo en ese entonces en su trabajo o como voluntario.**

Trabajé o realicé servicios de voluntario en la zona del desastre durante las labores de rescate, recuperación, limpieza de escombros o servicios de apoyo relacionados en el bajo Manhattan (sur de Canal St.), el vertedero de basura Staten Island o en los muelles de los embarcaderos.

Era miembro del Departamento de Policía de la Ciudad de Nueva York (activo o jubilado) o de la Policía de la Autoridad Portuaria de Nueva York (activo o jubilado) y participé en las labores de rescate, recuperación, limpieza de escombros y servicios relacionados en los siguientes lugares (seleccione todos los que correspondan):

- Bajo Manhattan (sur de Canal Street)
- Zona Cero ("Ground Zero")
- Vertedero de basura Staten Island
- Muelles de embarcaderos

Era empleado de la Oficina del médico forense en jefe de la ciudad de Nueva York y participé en el examen y la entrega de restos humanos de víctimas de los ataques al World Trade Center o en otras morgues que realizaron tareas similares después del 11 de septiembre para el personal de esta oficina.

Era trabajador del Túnel Trans-Hudson de la Autoridad Portuaria.

Era trabajador de mantenimiento de vehículos y estuve expuesto a los escombros de lo que fuera el World Trade Center al realizar tareas de devolución, manejo, limpieza, reparación o mantenimiento de vehículos contaminados por toxinas en el aire debido a los atentados terroristas del 11 de septiembre del 2001.

Nada de lo anterior, pero creo que reúno los requisitos por el siguiente motivo:

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**Required Documentation**

WTC Health Program applicants must also submit documentation providing evidence of employment affiliation and work activity during the dates, times, and locations specified in the questions above. Documentation may include but is not limited to a pay stub; official personnel roster; a written statement, under penalty of perjury by an employer; site credentials; or similar documentation.

If you are unable to submit the required documentation, you must explain how you attempted to obtain this documentation and the reason you are unable to provide it with your application.

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I hereby apply to the WTC Health Program and give permission for my personal information to be used by appropriate Federal Government agencies and Federal Government contractors to determine if I am eligible for the WTC Health Program, and to determine whether payments of funds under the WTC Health Program are or were appropriately made in the correct amounts.

By my signature I attest that I have answered the questions truthfully and that I understand the following: Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to gain enrollment in the WTC Health Program to which that person is not entitled is subject to civil and/or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Documentación requerida**

Los solicitantes del Programa de atención médica del WTC también deben proporcionar documentados que demuestren empleo y actividades laborales durante dichas fechas y horarios y en los lugares especificados en las preguntas anteriores. Los documentos a presentar pueden ser pero no se limitan a recibos de pago; lista oficial de personal; una declaración escrita, que debe ser legítima so pena de sanciones para el empleador; acreditaciones del lugar o documentos similares.

Si no puede proporcionar los documentos requeridos, deberá explicar la manera en que intentó obtenerlos y el motivo por el cual no pudo suministrarlos con su solicitud.

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Por este medio, solicito inscribirme al Programa de atención médica del WTC y doy permiso para que mi información personal sea utilizada por las agencias del gobierno federal y las empresas contratistas correspondientes del gobierno federal, para que determinen si reúno los requisitos para el Programa de atención médica del WTC y para que determinen si los pagos que realiza dicho programa son o fueron adecuados y en las cantidades correctas.

Con mi firma, doy fe de que he contestado las preguntas con toda honestidad y entiendo que: Toda persona que a sabiendas rinda una declaración falsa, que tergiverse información, oculte datos o cometa cualquier otra acción fraudulenta para obtener su inscripción en el Programa de atención médica del WTC al que no tenga derecho, será objeto de sanciones civiles o administrativas así como de cargos penales y, bajo las cláusulas penales correspondientes, podrá ser castigada con multas, prisión o ambas.

\_\_\_\_\_  
FIRMA

\_\_\_\_\_  
FECHA

**This form may faxed to 1-877-646-5308 or mailed to:**

**World Trade Center Health Program  
PO Box 7000  
Rensselaer, NY 12144**

### **Privacy Act Statement**

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that the WTC Health Program is administered by the Department of Health and Human Services (HHS), which receives and maintains personal information on applicants under 42 U.S.C. §§300mm-300-61. The information received will be used to determine eligibility and qualification for the WTC Health Program and for any subsequent initial health evaluations, monitoring and treatment or other benefit under WTC Health Program.

The information provided may be disclosed to: (1) the Department of Justice and its contractors to provide terrorist screening support in accordance with NIOSH's statutory obligation to determine whether an individual is on the "terrorist watch list" as specified in Section 3311 and Section 3321 of the Zadroga Act and is eligible and qualified to be enrolled or certified in the WTC Health Program as specified by statute; (2) agency contractors who have been contracted by the agency to assist in fulfillment of the agency's functions relating to the WTC Health Program and who need access to the records in order to carry out the terms of their contracts; (3) applicable entities for the purpose of reducing or recouping WTC Health Program payments made to individuals under a workers' compensation law or plan of the United States, a State, or locality, or other work-related injury or illness benefit plan of the employer of such worker or public or private health plan as required under Title XXXIII of the Public Health Service Act; and (4) the Department of Justice in litigation involving Title XXXIII.

**Envíe este formulario por fax al 1-877-646-5308 o por correo a:**

**World Trade Center Health Program  
PO Box 7000  
Rensselaer, NY 12144**

### **Declaración sobre la Ley de Privacidad**

En cumplimiento con la Ley de Privacidad de 1974, bajo enmienda (5 U.S.C. 552a), se le notifica por el presente que el Programa de atención médica del WTC es administrado por el Departamento de Salud y Servicios Humanos (HHS), el cual recibe y mantiene información personal de los solicitantes como se estipula en 42 U.S.C. §§300mm-300-61. La información recibida se utilizará para determinar elegibilidad y acreditación para el Programa de atención médica del WTC así como para las subsiguientes evaluaciones médicas iniciales, monitorización y tratamiento u otros beneficios otorgados por el Programa de atención médica del WTC.

La información proporcionada puede ser dada a conocer a: (1) el Departamento de Justicia y sus contratistas, para apoyar las actividades de detección de terrorismo en cumplimiento con la obligación legal de NIOSH de determinar si una persona está en la "lista de observación por terrorismo", según lo especifican las secciones 3311 y 3321 de la Ley de Zadroga y determinar si reúne los requisitos y está calificada para ser inscrita o certificada en el Programa de atención médica del WTC como lo especifica el estatuto; (2) contratistas de la agencia cuyos servicios hayan sido contratados por la agencia para asistir en el cumplimiento de sus funciones relacionadas con el Programa de atención médica del WTC y que necesiten acceso a los registros para cumplir con los términos de su contrato; (3) entidades pertinentes, con el propósito de reducir o resarcir pagos del Programa de atención médica del WTC realizados a personas bajo una ley o plan de compensación laboral de los Estados Unidos, de un estado o de una localidad, o bajo cualquier otro plan de beneficios por lesiones o enfermedades ocupacionales del empleador de tal trabajador o bajo un plan de seguro médico público o privado como lo requiere el Título XXXIII de la Ley de Servicio de Salud Pública; y (4) el Departamento de Justicia, por litigios relacionados con el Título XXXIII.