



FAST-Aid

C/O FAST-Aid 4904 S. Power Rd. Suite 103-118 Mesa, AZ 85212

FAST-Aid is a non-profit organization dedicated to providing financial, educational and personal assistance to injured racers, support teams, and their families as well as ensures the necessary support is in place to complete a thorough recovery and rehabilitation from motor sports racing incidents

Upon approval by the FAST-Aid Committee FAST-Aid can release \$1000 immediately if needed. There is a \$5000 cap limit. Each case is reviewed on an individual basis. Completion of this request for funds does not guarantee that funds will be released to you.

Request for Funds:

Name of Injured Persons:	Age:
Name of Contact Person:	
Contact Phone Number(s):	
Injured Persons Employer:	

Date and Location where injury occurred (please list the sanctioning body that hosted the event):

Describe your injuries. We will be requesting that you provide documentation from your physician listing your injuries and expected time off from work.

List what funds are available in your savings account and if you have any assets that can be liquidated to help cover the cost of expenses. You may be asked to provide documentation.

Do you have medical insurance that is covering hospital costs? Yes No

If yes, what percent of your medical costs are they covering?

Do you anticipate having to go on State Disability? Yes No

Do you have a private disability plan? Yes No

Do you have a spouse or significant other that works? Yes No

If yes, does that person help with household expenses or are you the main source of income?

What are you expecting from FAST-Aid?

Expenses you would like covered by FAST-Aid (You will be asked to provide a copy of a bill):

House Payment	
Vehicle Payment (s)	
Utilities	
Groceries	
Medical Costs	
Other:	

Total Costs: