

A Guide to the WTC Health Program General Responder Application

What you need to know about the World Trade Center (WTC) General Responder Application for Enrollment.



WORLD TRADE CENTER HEALTH PROGRAM
Application for Enrollment: **WTC General Responder**

Form Approved
OMB No. 0925-0091
Exp. Date 09/30/2025

Information is for enrollment in the World Trade Center (WTC) Health Program as a WTC General Responder. General Responder is a worker or volunteer who provided rescue, recovery, debris cleanup, or related support at certain locations in the aftermath of the September 11, 2001 attacks on the WTC (for those not affiliated with the City of New York. Individuals affiliated with FDNY should complete the FDNY Responder application).

If you have questions, call the WTC Health Program at 1-888-982-4748 or visit www.cdc.gov/wtc. To apply online, visit <https://oasis.cdc.gov/>. If you have previously applied do not submit a new application and call 1-888-982-4748 about your previous application status. **Note:** Enrollment in the WTC Health Program does not enroll you in other 9/11 assistance programs such as the September 11th Victim Compensation Fund.

Instructions: Please provide the following information to begin the eligibility determination process. Type or print clearly. When marking a checkbox, use "✓" or "x". Incomplete or inadequate information could result in a delay processing your application.

Personal Information

Today's Date (mm/dd/yyyy) _____

Last Name _____ Suffix (Jr., II, III, etc.) _____

First Name _____ Middle Name _____

Mailing Address _____ Apt/Suite _____

City _____ State _____ Zip Code _____ Country _____

Preferred Phone Number (xxx)xxx-xxxx Cell Home Work

Secondary Phone Number (xxx)xxx-xxxx Cell Home Work

Email Address _____

Sex at Birth: Male Female

Date of Birth (mm/dd/yyyy) _____

Place of Birth (City/State/Country) _____

If you have ever gone by other names (e.g., maiden name, nickname) please list them below with last, first, and middle name, as applicable. Note: you may be asked to provide proof of a legal name change (e.g., marriage certificate).

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/AT/EDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0925-0091).

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Page 1

There are 4 different types of applications: WTC General Responder, FDNY Responder, Pentagon/Shanksville Responder, and WTC Survivor. Please note that this guide is for the paper version of the application. If you want to apply online, visit oasis.cdc.gov

In the Personal Information section, tell us about yourself and how best to contact you by mail, phone, and email.

Do you have a former name or usually go by a different name? Let us know, especially if your name has changed since 9/11.

Each page has a line at the bottom. Please do not write below this line. This space is used when processing your application.

In the 9/11 Experience section starting on Page 2, we need to know more about how you responded on and/or after September 11th, 2001. This helps us determine if you are eligible for enrollment. Mark the relevant check boxes with an x (x) or a check mark (✓). It is ok if your experience involves more than one of the options.

If you don't feel that your experience fits in any of the categories shown, you may write more about why you believe you qualify in this section. You can skip this part if you fit in any of the categories above. You can describe your response experience in more detail on the next page.



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9/11 Experience

Please answer the following questions about your WTC rescue, recovery, debris cleanup, or related support experience on and after September 11, 2001 through July 31, 2002.

Activities and Locations

"Ground Zero" means a site in Lower Manhattan bounded by Vesey Street to the north, the West Side Highway to the west, Liberty Street to the south, and Church Street to the east in which stood the former World Trade Center complex. "Staten Island Landfill" means the landfill in Staten Island, NY, called "Fresh Kills." "Certain barge loading piers" includes Pier 6, Pier 25, 59th Street Disposal, and Hamilton Marine Transfer Station.

Check all the boxes below that apply to your response work on or after September 11, 2001:

I worked or volunteered onsite in rescue, recovery, debris cleanup, or related support services in the following locations (choose all that apply):

Lower Manhattan (south of Canal Street) Staten Island Landfill

Ground Zero Certain barge loading piers

I was a member of the New York City Police Department (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) Staten Island Landfill

Ground Zero Certain barge loading piers

I was an employee of the Office of Chief Medical Examiner of New York City involved in the examination and handling of human remains from the WTC attacks, or other morgue worker 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 WTC 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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Questions about the application? Call us at 1-888-982-4748 or reach out to our official partners for help. More about our partners at www.cdc.gov/wtc/outreach.html

Please briefly describe your work duties performed on or after September 11, 2001. Include the location(s) where these duties were performed. This information will help the WTC Health Program better understand your experience and your supporting documentation. **Note:** This description does not replace the need for supporting documentation.

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HOURS AND TIME PERIOD

September 2001 – Daily Hours

To the best of your ability, fill in the **number of hours each day** during the month of September 2001 that you worked or volunteered at a WTC-related site:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		11 _____ hours	12 _____ hours	13 _____ hours	14 _____ hours	15 _____ hours
16 _____ hours	17 _____ hours	18 _____ hours	19 _____ hours	20 _____ hours	21 _____ hours	22 _____ hours
23 _____ hours	24 _____ hours	25 _____ hours	26 _____ hours	27 _____ hours	28 _____ hours	29 _____ hours
30 _____ hours						

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At the top of Page 3 you can describe your response activities on or after 9/11 with a bit more detail. Providing this extra information helps our enrollment team better understand your 9/11 experience and supporting documentation while evaluating your eligibility.

This information is **not** intended to replace the need for supporting documentation. You must still provide that with your application.

Now that you've told us where you were and what you did as part of the 9/11 response, we need to know for how long. The James Zadroga 9/11 Health and Compensation Act (Zadroga Act) has specific hour requirements for response activities between September 11, 2001, and July 31, 2002. This information helps us ensure that you qualify based on those requirements.

We understand it may be difficult to remember these details, but please do your best.

To start, write down **how many hours** you worked or volunteered on the 9/11 response **each DAY of September 2001**. Be as exact as you can. If you did not respond in September 2001, you can enter '0' in each day or leave it blank.

At the top of Page 4, enter the **total number of hours** you worked or volunteered **each WEEK from October 2001 through December 2001**. We've included a reference calendar to help you. You can enter '0' or leave it blank if you did not work during a particular week.

October 2001 through December 2001 – Weekly Hours

To the best of your ability, fill in the **number of total hours each week** from October 2001 through December 2001 that you worked or volunteered at any of the WTC-related sites:

October 2001

S	M	T	W	T	F	S
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November 2001

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December 2001

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

January 2002 through July 2002 – Monthly Hours

Fill in the **number of total hours each month** from January 2002 through July 2002 that you worked or volunteered at any of the WTC-related sites:

January 2002

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2002

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

March 2002

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2002

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2002

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

June 2002

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July 2002

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

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Page 4

Now enter the **total number of hours** you worked or volunteered **each MONTH from January 2002 through July 2003**. Reference calendars are included here as well. You can enter '0' or leave it blank if you did not work during a particular month.

	Total Hours Per Month
January 2002 →	
February 2002 →	
March 2002 →	
April 2002 →	
May 2002 →	
June 2002 →	
July 2002 →	

Workers' Compensation Information

Have you filed a claim for workers' compensation or for another work-related injury or illness benefit for any injuries or illnesses resulting from your exposure to or rescue, recovery, debris cleanup, or related support services activities in the area of the September 11, 2001 World Trade Center? Yes No

If yes, in what state was your claim filed and when?

Please note: Workers' Compensation information is not used to determine your eligibility for the WTC Health Program. It is needed for the administrative purposes of coordinating payments if you are enrolled. The Program is required by law to coordinate payment with your workers' compensation carrier or recoup money from a workers' compensation settlement, if applicable. More information on this process is available at www.cdc.gov/wtc/handbook.html#coverage. You will also be asked periodically to update this information as a member.

Required Supporting Documentation
You must submit copies of supporting documentation with your application. Your supporting documentation must show that you satisfy the eligibility requirements for a WTC General Responder by showing the address and/or street name of where you worked (location), the type of work you performed (activity) at each location, the time period you worked at each location, and how many hours per day you worked at each location.

Top of Page 5

Please let us know at the top of Page 5 if you have a workers' compensation case pending, accepted, or settled related to your 9/11 responder activities. This information does not affect your enrollment decision.

Why do we ask for this? If you are enrolled and the condition related to your workers' compensation case is certified by the Program, we will bill your workers' compensation insurance carrier as part of the billing process for authorized WTC-related care. This is known as recoupment and is required by the Zadroga Act. Recoupment can also occur with settlements.

More information about workers' compensation recoupment is available at www.cdc.gov/wtc/handbook.html#coverage or in the Program Notices included with the application.

Bottom of Page 5

Required Supporting Documentation

You must submit copies of supporting documentation with your application. Your supporting documentation must show that you satisfy the eligibility requirements for a WTC General Responder by showing the address and/or street name of where you worked (location), the type of work you performed (activity) at each location, the time period you worked at each location, and how many hours per day you worked at each location.

Documentation may include, but is not limited to:

- **Letter from your employer or union** stating your activities, location, days, and hours performing WTC-related activities on or after September 11, 2001.
- **Police memo book** (including a copy of the cover page) that shows the days, times, and hours worked at a WTC-related site(s).
- **Timesheet or overtime report** that shows the day, hours, and street names of where you worked.
- **Awards or letters** that commend your 9/11 activities if it includes dates and locations of work and duties performed.
- **Letter from the Workers' Compensation Board** for your WTC-related work if it includes dates and locations of work and duties performed.

You may need to submit multiple documents to show your name, activity, location, time period, and how many hours per day you worked at each location on or after September 11, 2001. You must submit a document to show your official name change if the last name on your application does not match the last name supplied in your supporting documentation.

If you cannot find official supporting documentation or it doesn't provide all necessary details, you can do one of the following:

- Submit a signed, written statement by an employer, co-worker, or other individual that indicates the type of work you performed, location(s) where you worked (with address or street name), time period you worked at each location, and hours worked per day.
- Provide a signed statement written by yourself attesting, under penalty of perjury, to the details of your 9/11-related work, location, and time period. Your personal letter must also include details about what you did to try to get copies of your documentation and why you are not able to provide any.

Please note: Submitting an application without supporting documentation will delay your enrollment decision. If you have questions, please call 1-888-962-4748 or visit www.cdc.gov/wtc/documentation.html.

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There is nothing to fill out on the bottom of Page 5, but this is very important information about the supporting documentation you need to provide with your application. Supporting documentation helps confirm the details of your 9/11 experience. **Read this section carefully.**

Send your supporting documentation in **with** your application. This will help to speed up processing times.

What if you cannot get documentation?

We understand that obtaining this documentation can be challenging. Please make the best effort possible.

If you can't find official supporting documentation, you may send in a third-party or first-party attestation. A third-party attestation is a letter written by someone that can confirm (attest to) the details of your 9/11 experience.

A first-party attestation is a letter written by you that includes details about your eligibility, what you did to try to get supporting documentation, and why you weren't able to do so.



Visit www.cdc.gov/wtc/documentation.html for additional information on supporting documentation.

Additional Information

Government Identification Number
 If you provide **one (1)** of the following:
 Social Security Number

State ID/Driver's License Number and Issuing State _____
 Passport Number and Issuing Country _____
 Other (include type of ID) _____
 I prefer not to provide a Government Identification Number (Selecting this option will not affect your enrollment decision)

Organization Affiliations

Please list any professional organizations, associations, or unions you were a member of on 9/11 or the time after. For a union, provide the local number, if any. Providing this information is voluntary. This information may help determine what types of supplemental documentation might be available to support your application.

Health Insurance

The James Zadroga 9/11 Health and Compensation Act of 2010 (Zadroga Act), as amended, requires that all members of the WTC Health Program have primary health insurance, including pharmacy and medical coverage, unless a limited exception applies.

The WTC Health Program does **not** replace your primary health insurance. Please provide information on your primary health insurance. You will be required to present your insurance card after enrollment in the Program. Although your health insurance status will **not** affect your enrollment in the WTC Health Program, if you do not obtain primary health insurance, it will impact the Program's ability to **pay** for your monitoring and treatment.

Do you have primary health insurance? Yes No
 If yes, is the insurance private or public?
 Private (e.g., through employer) Public (e.g., Medicare) Both (e.g., Medicare w/ private supplement)
 Name of insurance plan/program name _____
 Are you the primary policyholder? Yes No
 If you are not the primary policy holder, please provide the policyholder's name _____
 Member ID number _____ Group number _____
 Coverage start date _____ Does your insurance include pharmacy benefits? Yes No

Note: If you do not have insurance, WTC Health Program benefits counselors or case managers can help you find and apply for health insurance should you be enrolled.

Communications

How did you hear about the WTC Health Program (check all that apply)?
 TV/Radio/Print Ad Online Social Media Work Labor Union Friend
 WTC Health Registry Law Firm VCF Outreach Partner _____
 Other _____

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Providing answers to the additional questions on Page 6 is **optional**. The information helps us process your application. You can choose to answer only some or all of the questions.

Why do we ask for this information?

- We are required to check all applicants against the federal Terrorist Watch List.* The government ID helps us do that quickly so we can move forward with your application.
 - Were you affiliated with a professional organization or union related to your 9/11 experience? This can help us assist you with documentation if necessary.
 - Do you have primary health insurance? If so, please tell us what type and the details. All Program members are required by the Zadroga Act to have primary health insurance** with medical and pharmacy coverage unless a limited exception applies. Providing this information here helps us ensure you have minimal essential health coverage outside of the Program.
- Note:** As a Responder your health insurance will **not** be billed for Program monitoring and authorized care.
- How did you hear about us? This helps us improve our outreach to others in the 9/11 community.

*More information on the Terrorist Watch List requirement is available in the Program Notices included with the application.

** The Program does not replace primary health insurance. If you do not have primary health insurance, Program benefits counselors or case managers can help you find and apply for insurance if you are enrolled. More information is available at www.cdc.gov/wtc/ohi.html.

In the Declaration and Signature section, read the statements and sign your initials next to each one to show that you have read and understand them. You are declaring that you intend to apply to the WTC Health Program, you have answered honestly, and have reviewed the included Program Notices.

Print your name and then sign the application. Electronic signatures are not accepted. **If you need help, please call us at 1-888-982-4748.**

Follow the instructions on how to send your completed application and supporting documentation to us. **Be sure to send all seven (7) pages of the application AND all of your supporting documentation.** We suggest making a copy for your records if mailing.

Now that you have completed your application, this gives you more information on what comes next. **Please be patient.** Review times can vary based on several factors.

Declaration and Signature

Read the declaration below carefully, then initial and sign in the spaces provided.

By my initials and signature, I attest that:

- Initials _____ 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. This information is also used to ensure that, if enrolled, my Program benefits and services are provided properly and that payments for Program services are processed correctly.
- Initials _____ I have answered the questions in this application form truthfully and believe I meet the eligibility criteria for a WTC Responder in the WTC Health Program.
- Initials _____ I acknowledge that I have read the information in the Program Notices (attached) that includes important information about Program benefits, services, regulations, and privacy.
- Initials _____ I understand that any person who knowingly and willfully makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to gain enrollment or care 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 pursuant to 18 U.S.C. § 1001.
- Initials _____ I understand that I am required to obtain primary health insurance for both pharmacy and medical coverage and disclose my primary health insurance information to the Program before receiving any treatment or follow-up monitoring.

PRINT NAME _____
 SIGNATURE (Electronic signatures are not accepted) _____ DATE _____

Your application and supporting documentation may be faxed to 1-877-956-5308 or mailed to:

U.S. Postal Mail: WTC Health Program P.O. Box 7000 Rensselaer, NY 12144	Shipping Service or Certified Mail: WTC Health Program 327 Columbia Turnpike Rensselaer, NY 12144
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Please note: Applications cannot be submitted by email. Save a copy of your completed application for your records. It is also recommended that you bring the copy of your application to your first appointment.
 If you need assistance with submitting your application or have any other Program-related questions, please call the WTC Health Program at 1-888-982-4748. Program Notices referenced above are also available at www.cdc.gov/wtc.

What happens next?

- After submitting your application, the WTC Health Program will:
- Mail you a letter confirming receipt of your application within 30 days of receipt of your application.
 - Contact you by phone or mail if additional information or documentation is needed.
 - Review your application details and determine your eligibility based on the information provided.

Once all necessary information is received and reviewed, the Program will make a decision about your eligibility and notify you by mail. If you are enrolled, your decision letter will include information on the Clinical Centers of Excellence or Nationwide Provider Network available to you.

If you do not receive a letter confirming receipt of your application within 30 days of submission, please call 1-888-982-4748.

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