

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

9.11
WTC Health Program

WORLD TRADE CENTER HEALTH PROGRAM
Application for Enrollment: **WTC Survivor**

Form Approved
OMB No. 0920-0091
Exp. Date 09/30/2025

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Application is for enrollment in the World Trade Center (WTC) Health Program as a WTC Survivor. A WTC Survivor includes someone who was present in the New York City Disaster Area on or after September 11, 2001 because of work, residence, or attendance at school, childcare, or adult daycare. Also included are those who were present in the New York City Disaster Area in the dust or dust cloud on 9/11.

For 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/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0620-0691).

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There are 4 different types of applications: WTC Survivor, WTC General Responder, FDNY Responder, and Pentagon/Shanksville Responder. Make sure you have the correct one.

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.

The top of Page 2 asks if you have health insurance and the details about it.

Why do we ask for this?

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.

For WTC Survivors, the Zadroga Act also requires us to follow a process called 'coordination of benefits.' This means for treatment of a certified WTC-related condition, we must first bill your primary health insurance. Once your primary health insurance has paid (private insurance first then public insurance such as Medicare, if applicable), the Program pays any remaining amount. Remember, we do not replace your primary health insurance.

Do you have to give this information?

Your primary health insurance information is not required for us to process your application.

However, if enrolled, you must give your insurance information to your Program clinic and providers. If you do not give your primary health insurance information to your Program providers, it will impact the Program's ability to pay for your WTC-related care.

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.

WTC Health Program Application for Enrollment—WTC Survivor

Health Insurance Information

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 exception applies. For Survivors, the WTC Health Program is required to coordinate with your primary health insurance to help cover the cost of WTC-related medical treatment.

The WTC Health Program does **not** replace your primary health insurance. Please provide information on your 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 or Medicaid) 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.

Visit www.cdc.gov/wtc/ohi.html for more information on the health insurance requirement.

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Health Symptoms

Do you have symptoms of a physical or mental health condition that you believe resulted from the September 11, 2001, attacks? Yes No

Please briefly describe your symptoms and when they started:

Please note: You do not need to prove your symptoms are caused by a WTC-related health condition to be enrolled in the WTC Health Program. After enrollment, a Survivor receives one, no-cost initial health evaluation by a Program doctor to determine if a condition(s) is WTC-related and can be certified for treatment. See examples of conditions covered by the Program and learn more about certification at www.cdc.gov/wtc/conditions.html. Enrollment in the WTC Health Program does not guarantee certification of a health condition(s).

If you do not have symptoms, you may want to wait to apply. If no health condition(s) is certified by the Program after your one initial health evaluation, you can get another evaluation by the Program in the future, but you will need to use primary health insurance or pay out-of-pocket for that exam.

If you wait to apply, you should continue to see your primary care physician for annual check-ups and cancer screenings to look for potential WTC-related conditions over time. You also should gather your supporting documentation now so you have it ready if you apply in the future.

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In the Health Symptoms section, know if you have any physical or mental health symptoms or diagnoses (such as cancer) that you think may be related to your 9/11 exposure. You can include conditions that were made worse by your 9/11 exposure. Also include information on when these symptoms started. If you can't remember exactly when, it's okay to give a general timeframe.

Why do we ask for this?

Enrolled WTC Survivors can receive one, no-cost initial health evaluation. This is the first exam after enrollment that looks for a condition(s) that may be caused by 9/11 exposures. If you are healthy, you may want to wait to apply. It is best for WTC Survivors to receive the initial health evaluation after experiencing symptoms. We don't want you to use up your exam if you're healthy since the Program only pays for one.

How much detail is needed?

For the application itself, we only need a brief description of your symptoms or diagnosis. However, now is also a good time to think about and write down the specifics for later. If you are enrolled, your Program doctor will want to know as much about your symptoms or diagnosis as possible during your initial health evaluation. This will help them as they look for potential WTC-related conditions.

In the 9/11 Experience section, we need to know more about when and where you were in the New York City (NYC) Disaster Area on or after 9/11. This helps us figure out if you are eligible for enrollment. We understand it may be difficult or distressing to remember these details, but please do your best. Mark the relevant check boxes with an x or ✓. It is ok if your experience involves more than one of the options.

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9/11 Experience

Please answer the following questions about your New York City (NYC) Disaster Area experience. The "New York City Disaster Area" is defined as the area of Manhattan that is south of Houston Street. It also includes any block in that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site. To see a map area, go to www.cdc.gov/wtc/define.html.

Were you present in the NYC Disaster Area in the dust or dust cloud on September 11, 2001? Yes No

Did you work, live, or attend school, childcare, or adult daycare in the New York City Disaster Area between September 11, 2001 and July 31, 2002? Yes No

If yes, please check all the boxes that apply:

Worked Lived Attended school Attended childcare Attended adult daycare

At what location/address? _____

↳ How many days were you there from September 11, 2001, to January 10, 2002? _____

↳ How many days were you there from January 11, 2002, to July 31, 2002? _____

Did you perform cleanup or maintenance work (not as Responder) in the NYC Disaster Area from September 11, 2001, to January 10, 2002, and have extensive exposure to WTC dust because of such work? Yes No

If yes, at what location/address? _____

↳ How many days were you there between September 11, 2001, and January 10, 2002? _____

Lower Manhattan Grant Program Eligible Individuals Only

These two items apply only to people whose residence or place of employment was included in specific Lower Manhattan grant programs created after 9/11.

Were you deemed eligible to receive a grant from the **Lower Manhattan Development Corporation Residential Grant Program**, and did you possess a lease for a residence or purchase a residence in the NYC Disaster Area, and did you reside in that residence for any period of time from September 11, 2001 through May 31, 2003? Yes No

If yes, at what location/address? _____

↳ How many days were you there between Sept. 11, 2001 and May 31, 2003? _____

Was your place of employment at any time during the period from September 11, 2001 to May 31, 2003 in the New York City Disaster Area, and was your place of employment deemed eligible to receive a grant from the **Lower Manhattan Development Corporation WTC Small Firms Attraction and Retention Grant Program** or other similar government incentive programs which were created after 9/11 to help revitalize the Lower Manhattan economy? Yes No

If yes, at what location/address? _____

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

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What is the Lower Manhattan Grant Program section about?
After 9/11, there were several financial grant programs for residents and employers in Lower Manhattan. If these programs do not sound familiar to you or you know you did not take part, you can skip this section or mark 'No' for each.

If none of the scenarios in the 9/11 Experience section apply to you, tell us why you believe you are eligible for the Program here. We need to know when, where, and for how long you were in the NYC Disaster Area on or in the months immediately after 9/11.

Required Supporting Documentation

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submit copies of supporting documentation with your application. These documents should show where you worked, attended school, childcare, or adult daycare in the NYC Disaster Area between September 11, 2001 and 2002, or show you were present in the NYC Disaster Area in the dust or dust cloud on 9/11.

Documentation may include, but is not limited to: • Evidence, such as a lease or utility bill • Pay stub or other employment documentation • Letter from your resident manager, neighbor, employer, day care center, school, or volunteer organization • Student identification card • School Transcript • Attendance roster at a school or daycare

You may need to submit multiple documents to show your name, location, and how long you were in the NYC Disaster Area. 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:

- Submit a signed, written statement by an employer, co-worker, or other individual that indicates your employment location, residence, school information, or other eligible locations, and confirms your presence at that location during the eligible time period, or
• Provide a signed statement written by yourself attesting, under penalty of perjury, to the details of your location and time in the NYC Disaster Area. 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 1-888-982-4748 or visit www.cdc.gov/wtc/documentation.html.

There is nothing to fill out at the top of Page 4, 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 personal statement. This is officially known as a first-party attestation. It is a letter written by you with details on your presence in the NYC Disaster Area on and/or shortly after 9/11. It should also include how you tried to get other documentation and why you weren't able to do so



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

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Providing answers to these additional questions 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?

- 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.
• Let us know if you had a workers' compensation claim related to 9/11. We have certain legal requirements related to recouping costs from related workers' compensation claims*.
• How did you hear about us? This helps us improve our outreach to others in the 9/11 community.

Additional Information

Government Identification Number

We ask that 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.

Workers' Compensation

Have you filed a claim for workers' compensation or for another work-related injury or illness benefit for any injuries or illnesses arising out of your exposure or activities in the aftermath of the September 11, 2001? Yes No

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

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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*More information on the Terrorist Watch List requirement and workers' compensation claim recoupment is available in the Program Notices included with the application.

WTC Health Program Application for Enrollment—WTC Survivor

Declaration and Signature

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

Initials and signature, I attest that:

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 Survivor 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 beginning treatment or follow-up monitoring.

PRINT NAME _____

SIGNATURE (Electronic signatures are not accepted) _____ DATE _____

Your application and supporting documentation may be faxed to 1-877-656-5308 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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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 five (5) 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.



You may have questions about the application or Program benefits and requirements. Please call the WTC Health Program call center at **1-888-982-4748** and a representative will be happy to assist you. You can also reach out to our official partners who can help. Visit www.cdc.gov/wtc/outreach.html to learn more about our partners.