Burn Survivors Throughout The World, Inc.
BSTTW Rebuilding Lives Project
Application Form

Burn Survivors Throughout The World, Inc. is very happy to offer the BSTTW Rebuilding Lives Project (BRLP). The BRLP offers burn survivors the support, friendship and education needed to complete their recovery and reenter the community.

What you need to know about this service:

1. Burn Survivors Throughout The World, Inc., known as BSTTW, on this document, does not guarantee that you will be accepted into the BRLP.
2. All information may be verified by the BSTTW staff.
3. All individuals who are accepted into the BRLP and take part in the BRLP maybe be responsible to pay a % of the expenses relating to the BRLP.
4. BSTTW will offer the help needed to find the doctors within 50 miles of the home you will be staying at. BSTTW will offer the help needed to receive transportation to and from medical appointments.
5. BSTTW will not be responsible to pay for your medical treatment, medical supplies and/or medications.
6. All individuals accepted into the program will be responsible to take part in their daily plan.
7. You should have a place to return to after the BRLP. Under certain circumstances if you do not have a home to return to BSTTW may still accept you into the program.
8. You must be an adult, 18 years of old or older, and be responsible for your personal decisions in order to possibly be accepted into the BRLP.

9. Fill out this form, sign it, gather all of the documents needed to help us review your needs, including the BRLP form, pictures, letters from current doctors, a list of current prescriptions, a letter from the applicant explaining his/her needs, feelings and ideas and mail it all to BSTTW.

Below is the form you must fill out and sign. All information is needed for BSTTW to review your needs. We do not guarantee that you will be selected. If you are selected, may be responsible to pay for your transportation to and from the home in Texas. You will also be responsible to have a place to return to after taking part in the BRLP.

Once you are selected BSTTW will discuss starting and ending dates. In order to begin the project, if you have a way to pay for the expenses for the BRLP, you will have to make sure the first and last months funds are paid one week before you arrive. You will also have to sign a contract that states your and BSTTW's responsibilities.

Mail the completed form and medical records to:
Burn Survivors Throughout The World, Inc.
16193 Lone Star Ranch Drive #102
Conroe, Texas 77302
USA

BURN SURVIVORS THROUGHOUT THE WORLD
REBUILDING LIVES

Date:_____

Name: _____ Birth Date: _____
Address: _____ Age: _____
_____ Sex: _____
Home Phone Number: _____
Work Phone Number: _____
Social Security Number: _____-____-_____
Mailing Address if different from above: _____
_____
_____

Do you have Medical Insurance: Yes___ No___
If yes, attach a copy of your insurance card.

Current Primary Care Doctor:
Name: _____
Address:_____
_____
Phone Number: _____

Emergency Contact: Name, address, phone number and relationship to you.

Name: _____
Address:_____
_____
Home Phone Number:_____
Home Phone Number: _____
Do you work? Yes___ No___

If yes, the name, address and telephone number of your employer and contact individual.
_____

_____
_____
_____
_____

When were you burned: _____
What areas of the body were you burned?
_____
_____What % of the body are you burned? _____
What was your immediate and current medical diagnoses?
_____
_____

Did you have any surgeries? Yes ___ No ___
If yes, date, address, surgeons name and description:
_____
_____
_____
_____

List the medications that you are taking:

NAME	DOSAGE	TIMES PER DAY

Are you currently seeing doctors on a regular basis?
___Yes ____No

If yes, list the names address and telephone numbers of your current doctor, why you are seeing each doctor and the medications prescribed.

Doctors Name Address Telephone Number Why Meds

_____
_____
_____
_____

Do you have a car or motorcycle? Yes___ No___
If yes, will you bring your transportation with you?
Yes____ No____

If yes to the above question answer the following:

Do you have automobile insurance? Yes____ No____

Can you pay for a % of the expenses relating to the BRLP?
Yes____ No____

If yes, what % of the expenses relating to the BRLP will you offer?
_____%

I confirm that I have carefully read and understood this application. I further confirm that all information on this form and attached to this form is true to the best of my knowledge.

_____ _____

Applicants Name Applicant's Signature

Date:_____