

PURPOSE for Family and Children Assistance Requested Data Sheet

To ensure that all B.U.D.'S FOUNDATION staff participating on the Comfort Team collect the same data on Injured riders, families of fallen riders. This will also allow B.U.D.S to notify families who do not live near the head office location to receive their proceeds in a timely manner. Please review the information for accuracy.

Families may sometimes need temporary benevolent help due to emergencies, job loss, or unexpected circumstances. We understand and consider it a privilege to help whenever possible.

However, because we receive so many requests for help, we have developed several guidelines to help us determine when or where we can attend. Of course, our first responsibility is to assist the not-at-fault injuries, children of severely injured/fallen who were not at fault, and their immediate household, when we have additional resources or when financially possible. While we may be able to help sometimes, this cannot be guaranteed. If we cannot assist you, we would gladly refer you to other agencies in your area that can help.

Finally, please understand that we require a minimum of 7 business days to respond to your request. As stewards of God's provision, this time allows us to sort through various needs and requests, helping us to be both generous and wise.

Highest priority will be given to those who: 1) Are not at fault injured riders out of work 90 days or more (2) Who have exhausted all other resources 3) Who are unable to seek assistance from their employment (short term or long-term disability or other public assistance) 4) Have not received financial assistance from B.U.D.'S in the past. (This allows us to assist others. (5) children of not-at-fault parents currently in college with a one-time donation

Guidelines for financial assistance: 1) Only checks (or gift cards) will be used (sorry, no cash). 2) Financial assistance will only cover basic needs such as: a. Rent or mortgage payment, b. Food (groceries will be provided) c. Medical, d. Utilities such as water, electricity, natural gas/heat, etc. 3) Financial assistance will not cover items such as: a. Telephone, internet, or cable television b. Car payment c. Automobile insurance are not considered to be an "essential need."

If YOU ARE A FAMILY MEMBER, WHO IS THE RESPONSIBLE PARTY? Please fill out the attached request form for GUARDIAN OR POA and meet the guidelines above. We will contact you once we have reviewed your request. If you understand these guidelines, please sign below.

Signature: _____ Date: _____

Applicant - do not write below this line. B.U.D.'S Office use only.

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B.U.D.'S Foundation

PO Box 611

Willow Spring, NC 27592

Toll Free 252-231-2631

Fax: 919-762-7519

Email: buds.foundation@yahoo.com /Website: www.budsfoundation.org or Face book

Family and Children Information Sheet

Bikers United to Defend driving Safely
PO Box 611, Willow Spring, NC 27592
Phone: Toll Free: 1-252-231-2631 Fax: 1-919-762-7519
www.budsfoundation.org

1) Have you received financial assistance from B.U.D.'S before? Yes No

a. If yes, what was the need at that time? _____

b. Is this related to a motorcycle accident? _____ Is there a police report? _____ Date of Incident _____

Was the rider cited? _____ Reason for Citation? _____

9) Explain why you need financial assistance (include institution name, account number, amount due, and contact information).



10) What caused this need to arise? _____

Is this an Injury? _____ Illness? _____ Death? _____

11) Is there a deadline for this need to be met? If so, what is the deadline? _____

12) Have you contacted family or friends for assistance? If so, how have they helped (it may be possible that you need our help in another area that the family or friends were unable to assist)? _____

FOR OFFICE USE ONLY

Approved:

Amount Approved:

Reason for Disapproval:

Family Information Sheet

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Primary Kin Information: _____ Date: _____

Last Name: _____ First Name: _____

Street Address: _____ City/Zip: _____

Your Relationship to the injured or fallen rider? _____ POC Phone Number: _____

Fallen Rider's Last Name: _____ First Name: _____ Sex: M__ F__

If fallen, date of loss _____ Date of Birth: ___/___/_____ Fallen Date: _____

Children of the injured or fallen rider: Skip this step if no children under 18 in the home.

Last Name	First Name	Gender	Grade (if in school)	Date of Birth	Age
		M F		/ /	
		M F		/ /	
		M F		/ /	
		M F		/ /	
		M F		/ /	
		M F		/ /	
		M F		/ /	

When the injured or fallen rider was lost, were there any children in college?

Yes _____ No _____

Student Name _____ College _____

College Expenses:

Fallen Ethnicity: (place X on line)

Hispanic/Latino _____ Non-Hispanic/Latino _____ Don't Know _____ Refused _____

Race: (place X on line)

American Indian or Alaskan Native _____ Asian _____ Black/African American _____

Native Hawaiian or Other Pacific Islander _____ White _____ Don't Know _____ Refused _____

Primary Language: (place X on line)

English _____ Spanish _____ Other _____

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To ensure that all B.U.D.'S FOUNDATION staff on the Helping Hands Team collect the same data on fallen riders and their families. This will allow B.U.D.'S to notify families who do not live near the head office location so that they can receive their proceeds promptly. Please review the information for accuracy.

EVALUATE POTENTIAL FAMILY PROBLEMS/CONCERNS AFFECTED BY LOSS OF LOVED ONE:

SPECIAL NEEDS. ARE THERE SPECIAL NEEDS IN YOUR FAMILY? YES ___ NO ___
IF YES, STATE PROBLEM AND ASSISTANCE

Family Prayer Requests:



SECONDARY NEXT OF KIN (SNOK)-Grandparent, Aunt, Uncle, etc. In Case we are unable to reach you.

NAME: _____ **RELATIONSHIP:** _____

ADDRESS _____
Street City State Country Zip

HOME PHONE NUMBER W/ AREA CODE: _____

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Evaluation:

Date	Intercessor's Name	Recommendation	Expense Amount

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Please return the application by email, mail, or fax to:

B.U.D.'S Foundation

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Willow Spring, NC 27592
Phone: 252-231-2631
FAX: 1-919-762-7519

Email: buds.foundation@yahoo.com/Website: www.budsfoundation.org or Facebook