

## **PURPOSE for Family and Children Information 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 allow B.U.D.S to also notify families, who do not live near head office location to receive their proceeds in a timely manner. Please review information for accuracy.

At times, due to emergencies, job loss or unexpected circumstances, people may find themselves in need of temporary benevolent help. We not only understand but consider it a privilege to help whenever financially possible.

However, because we receive so many requests for help, we have developed several guidelines to help us determine when or where we can be of assistance. Of course, our first responsibility is to assist the not at fault injured, 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 are not able to assist you, we would be glad to refer you to other agencies in your area that may be able to provide assistance.

On a final note, 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 a variety of 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 d. Items not considered to be "essential needs"**

If you meet the guidelines above, please fill out the attached request form. We will contact you once we have a chance to review your request. Also, if you understand these guidelines, please sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**B.U.D.'S. FOUNDATION CONFIDENTIAL NOTICE:** This communication contains information intended for the use of the individuals to whom it is addressed and may contain information that is privileged, confidential or exempt from other disclosure under applicable law. If you are not the intended recipient, you are notified that any disclosure, printing, copying, distribution or use of the contents is prohibited. B.U.D.'S will not use information for other than what it is intended. If you have received this in error, please notify the sender immediately by telephone or by returning it by return mail and then permanently delete the communication from your system.

### **B.U.D.'S Foundation**

PO Box 1743

Wilson NC 27894

Toll Free: 800-439-5280

Fax: 919-762-7519

Email: [buds.foundation@yahoo.com](mailto:buds.foundation@yahoo.com) /Website:[www.budsfoundation.org](http://www.budsfoundation.org) or Face book

**Family and Children Information Sheet**

**Bikers United to Defend driving Safely**

**PO Box 1743-Wilson NC 27894**

**Phone: Toll Free: 1-800-439-5280 Fax: 1-919-762-7519**

**[www.budsfoundation.org](http://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? \_\_\_\_\_

Was the rider cited? \_\_\_\_\_ Reason for Citation? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) What caused this need to arise? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 was unable to assist)? \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_



### Family Information Sheet

**Bikers United to Defend driving Safely**

**PO Box 1743-Wilson NC 27894**

**Phone: Toll Free: 1-800-439-5280 Fax: 1-919-762-7519**

**www.budsfoundation.org**

**Primary Kin Information:**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Your Relationship to 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    |                      | / /           |     |

**At the time of loss of injured or fallen rider, 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 \_\_\_\_\_

**Family Information Sheet**

**Bikers United to Defend driving Safely**

**PO Box 1743-Wilson NC 27894**

**Phone: Toll Free: 1-800-439-5280 Fax: 1-919-762-7519**

**www.budsfoundation.org**

**PURPOSE for Family Information Data Sheet**

To ensure that all B.U.D.'S FOUNDATION staff participating on the Prayer team collect the same data on fallen riders and their families. This will allow B.U.D.S to also notify families, who do not live near head office location to receive their proceeds in a timely manner. Please review 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: \_\_\_\_\_**

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

**Evaluation:**

| Date | Intercessor's Name | Recommendation | Expense Amount |
|------|--------------------|----------------|----------------|
|      |                    |                |                |

B.U.D.'S. FOUNDATION CONFIDENTIAL NOTICE: This communication contains information intended for the use of the individuals to whom it is addressed and may contain information that is privileged, confidential or exempt from other disclosure under applicable law. If you are not the intended recipient, you are notified that any disclosure, printing, copying, distribution or use of the contents is prohibited. B.U.D.'S will not use information for other than what it is intended. If you have received this in error, please notify the sender immediately by telephone or by returning it by return mail and then permanently delete the communication from your system.

**Please return by email, mail, or fax to:**

**B.U.D.'S Foundation**

PO Box 611

Willow Spring NC 27592

Phone: 252-231-2631

FAX: 1-919-762-7519

Email: [buds.foundation@yahoo.com](mailto:buds.foundation@yahoo.com)/Website:[www.budsfoundation.org](http://www.budsfoundation.org) or Face book