

### PURPOSE for Injured Information Data Sheet

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

Sometimes, people may need temporary help due to emergencies, job loss, or unexpected circumstances. We understand and consider it a privilege to help whenever financially possible.

Due to the high volume of assistance requests, we have established specific guidelines to evaluate when and where our support can be provided. 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 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 aid.

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) 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) and whenever financially possible, 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. Items are not considered to be "essential needs."**

If you meet the guidelines above, please complete the attached request form. 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**  
**Bikers United to Defend driving Safely**  
**PO Box 611-Willow Spring, NC 27592**  
**Phone: 252-231-2631: Fax: 1-919-762-7519**  
**www.budsfoundation.org**

**Applicant Information: Please put N/A where applicable** Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: M\_\_ F\_\_

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

Relationship to Injured? \_\_\_\_\_ Phone Number: \_\_\_\_\_

Next of Kin: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of incident \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

**Children in your household under 18: Skip this step if no children under 18 in the home. Christmas assistance may also be available for children 12 and under.**

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		/ /	

**Were there any children in college at the time of Injury, Illness, Incident, or Accident?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ College \_\_\_\_\_

**Expenses:**

**Ethnicity:** (place X on applicable line)

Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino \_\_\_\_\_ Do not Know \_\_\_\_\_ Refused \_\_\_\_\_

**Race:** (place X on applicable line)

American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Do not Know \_\_\_\_\_ Refused \_\_\_\_\_

**Primary Language:** (place X on applicable line)

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

## B.U.D.'S Foundation

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### PURPOSE for Family Information Data Sheet

To ensure that all B.U.D.'S FOUNDATION staff on the Prayer team collect the same data on fallen riders and their families. This will allow B.U.D.'S to notify families not living near the head office location to receive their proceeds promptly. Please review the information for accuracy.

**EVALUATE POTENTIAL FAMILY PROBLEMS/CONCERNS AFFECTED BY THIS SITUATION:**

**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.**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Street City State Country Zip

**HOME PHONE NUMBER W/ AREA CODE:** \_\_\_\_\_

Return application to:

**B.U.D.'S FOUNDATION**  
**PO Box 1743**  
**Wilson NC 27894**  
**Toll Free: 800-439-5280**  
**Local: 919-341-9825**  
**Fax: 919-762-7519**

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

**Injured Rider Information Sheet**  
**Bikers United to Defend driving Safely**  
**PO Box 611-Willow Spring NC 27592**  
**Phone: 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? \_\_\_\_\_

Were you cited? \_\_\_\_\_ What were you cited for? \_\_\_\_\_

9) Have you received help from other organizations or applied for assistance elsewhere? Yes No

a. If yes, is the application pending? \_\_\_\_\_

9) Explain why you need financial assistance (include institution name, account number, amount due, and 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 or due date? \_\_\_\_\_

12) Have you contacted family or friends for assistance? If so, how have they helped? \_\_\_\_\_

\_\_\_\_\_

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**PURPOSE for Family Information Data Sheet**

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

**EVALUATE POTENTIAL FAMILY PROBLEMS/CONCERNS AFFECTED BY THIS SITUATION:**

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

**Family Prayer Requests:**

**NEXT OF KIN (SNOK)-Parent, Spouse, Sibling, Grandparent, Aunt, Uncle, Child (over 18)**

NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Country Zip

HOME PHONE NUMBER W/ AREA CODE: \_\_\_\_\_

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

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

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

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

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

**Evaluation:**

Date	Intercessor's Name	Recommendation	Expense Amount

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 Facebook