INJURED BIKERS FOUNDATION

A 501(c)(3) organization providing financial aid to Motorcycle riders or their Families distressed from motorcycle accident-related injuries or death.

RECIPIENT INTERVIEW FORM

Date _____ Applicant Name _____

Phone _____ Email Address _____

Filing for Self/Other _____ Name of Other _____

If filing for more than one recipient, please complete a separate Recipient Intake Form.

RECIPIENT INFORMATION

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Occupation _____ Business Type _____

D.O.B. _____ Gender _____ Military Service (Branch/Rank) _____

Current condition of Recipient? _____

Hospital Name _____ Room # _____

Hospital Location _____

Would you be willing to provide a death certificate? (if applicable) Yes _____ No _____

Is Recipient receiving compensation? Yes _____ No _____ Amount _____ /per _____

If yes, from what source?

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Tyndall Street, Pittsburgh, PA
412-443-6753
duane.eagan@abatepa.org

Dakota Drive, Hanover, PA
352-426-0118
brian.magness@abatepa.org

INJURED BIKERS FOUNDATION

A 501(c)(3) organization providing financial aid to Motorcycle riders or their Families distressed from motorcycle accident-related injuries or death.

RECIPIENT INTERVIEW FORM

Is Recipient an active member of any Social Club, Bank, Credit Union, NRA, or any membership-based organization that has an AD&D policy? Yes _____ No _____

Name — Benefits requested

_____ Yes _____ No _____

_____ Yes _____ No _____

_____ Yes _____ No _____

_____ Yes _____ No _____

_____ Yes _____ No _____

ACCIDENT INFORMATION

Date of Accident _____

Do you have Bike Insurance? Yes _____ No _____

Medical Insurance? Yes _____ No _____

General information on the accident: _____

Accident Report # _____ State _____

Another vehicle involved? Yes _____ No _____

Municipality _____ County _____

Was fault proclaimed? Yes _____ No _____

Who was at fault? You ____ Other ____ No ____

Did "other" have insurance? Yes _____ No _____

Additional pertinent information: _____

Tyndall Street, Pittsburgh, PA
412-443-6753
duane.eagan@abatepa.org

Dakota Drive, Hanover, PA
352-426-0118
brian.magness@abatepa.org

INJURED BIKERS FOUNDATION

A 501(c)(3) organization providing financial aid to Motorcycle riders or their Families distressed from motorcycle accident-related injuries or death.

RECIPIENT INTERVIEW FORM

REQUEST FOR SERVICES

If you are a biker/rider, or a friend/loved one of a biker/rider, who has been injured due to a motorcycle accident, complete this form to be considered for support.

What are your immediate necessities?

Accommodations ___	Travel (airline, fuel) ___	Travel per diem (food) ___	Groceries ___
Mortgage ___	Rent ___	Home Insurance ___	Rental Insurance ___
Electric Bill ___	Household Gas Bill ___	Water Bill ___	Cellular Bill ___
Auto Loan (not motorcycle) ___	Real Estate Taxes ___	Home Modification ___	Medical Equipment ___
Counseling ___	Legal Support ___	Other: ___	

Briefly, what situation or relationship put you in this need?

Compensation being requested:

Service	Amount	Service	Amount	Service	Amount

If approved to receive services, be advised that we will distribute funds directly to the company, landlord, financial institution, and account you have requested. This is the best practice for both you and the Foundation to assure your needs are being met, in a timely and non-fraudulent manner.

We can typically respond within 3-5 days and will do what we can to help you and your family. Understand, we will need some sensitive account information, once approved. Please compile this information and have it ready when we respond.

COMMUNICATION ACKNOWLEDGEMENT

The Foundation may communicate with me electronically at the email address and/or phone number listed above. I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I further agree that I am responsible for providing the Foundation any updates to my email address and / or phone number.

I Agree ☐ I Disagree ☐ I Agree ☐ I Disagree ☐

Applicant Signature _____ Recipient Signature _____

Tyndall Street, Pittsburgh, PA
412-443-6753
duane.eagan@abatepa.org

Dakota Drive, Hanover, PA
352-426-0118
brian.magness@abatepa.org