



Health Information Relief Operation (HIRO) Fund Application for Financial Assistance

Applicant Name (please print) _____

Credential _____ AHIMA ID Number _____

Address _____

City, State _____ Zip _____

Telephone (Work) _____ (Home) _____

Email _____

Alternate Address for Mail (if you are currently unable to receive mail)

Name _____

Address _____

City, State _____ Zip _____

Request for Financial Assistance:

The HIRO Fund was established by the AHIMA Foundation to support HIM professionals in their efforts to return to work while recovering from a natural or man-made disaster. Examples of the kinds of requests that will be considered are: computers, internet connection fees, work clothing, transportation costs to work, etc. Please describe below the purpose for which you are requesting support and the itemized amount you are requesting. The maximum amount awarded per applicant will be **\$500** and is dependent on the availability of funds.

Home County; _____ Work County: _____

Amount of financial assistance requested \$ _____

Purpose for which financial assistance is requested (use additional page if needed):

I certify that the above statement accurately describes my planned use of this financial assistance.

Applicant Signature _____ Date _____

Please email this completed application to Mary Taylor-Blasi at mary.taylor-blasi@ahimafoundation.org; or send via fax to 312.233.1537. For more information on the AHIMA Foundation, visit www.ahimafoundation.org.