

TO:
Name: _____

FROM:
Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

RE:
Name: _____

The person listed above has indicated that he/she is receiving Workman's Compensation. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Weekly Amount: \$ _____

Monthly Amount: \$ _____

Total benefit amount that will be paid: \$ _____

Effective Date: _____

Ending Date if known: _____

Comments: _____

Name and Title of Person Supplying Information

Signature

Date:

Phone

Fax

Email

Address: _____ City: _____ State: _____ Zip: _____