



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

Applicant Name (please print) _____

Credential _____ AHIMA ID Number _____

Address _____ County _____

City, State _____ Zip _____

Telephone (Work) _____ (Home) _____

Email _____

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

Name _____

Address _____

City, State _____ Zip _____

Proof of Unemployment:

Please provide proof of unemployment status (state award letter or letter of layoff/termination from employer)

Request for Financial Assistance:

The HIRO Fund was established by the AHIMA Foundation to support HIM professionals in their efforts to obtain some economic stability due to the COVID-10 Disaster Declaration. Examples of the kinds of requests that will be considered are: food, rent, utilities, healthcare, childcare. 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.

Amount of financial assistance requested \$ _____

Purpose for which financial assistance are 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 info@ahimafoundation.org:
or send via fax to 312.233.1537. For more information on the AHIMA Foundation, visit www.ahimafoundation.org.

