



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:

While the HiRO fund continues to respond to those impacted by job loss as a result of COVID-19, we recognize the need to support our members impacted by forest fires and hurricanes affecting various regions of the U.S. If you've been displaced or otherwise negatively impacted as a result of these natural disasters, please apply to the HiRO Fund through the AHIMA Foundation.

Amount of financial assistance requested \$ _____

The 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 info@ahimafoundation.org:
or send via fax to 312.233.1537. For more information on the AHIMA Foundation, visit www.ahimafoundation.org.

