



American Sleep Medicine
Foundation
EST. 1998

Disaster Relief Fund Application

Sleep Facility Requiring Aid

FACILITY INFORMATION			
Name		AASM Membership #	
Address		City, State, Zip	
Telephone #		Fax #	
Tax Identification #			
MEDICAL DIRECTOR INFORMATION			
Name		Email	
SECONDARY CONTACT INFORMATION			
Name		Email	
Telephone #			

Damage Sustained By Facility

Check All That Apply

- Loss of Records
- Equipment Damage*
- Loss of Equipment*
- Structural Damage
- Total Destruction

Plan For Recovery

Check All That Apply

- Record Recovery
- Repair Equipment
- Replace Equipment
- Repair Building
- Replace Entire Facility

*Please specify type(s) of sleep equipment/supplies

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Attach a brief description of how an award from the ASMF Disaster Relief Fund can help you rebuild your sleep facility

Cost Estimates

Estimate how much it will cost for you to be able to rebuild your sleep facility. Reduce these figures by the amount of assistance you have received or expect to receive from other sources, including insurance claims, the Red Cross, and state or federal agencies.

Facility Repair/Replacement	Equipment Repair/Replacement	Clean-up and Recovery Costs
\$	\$	\$

Attestation

I certify that all of the information above is true to the best of my knowledge and that funds obtained from the American Sleep Medicine Foundation Disaster Relief Fund will be used to rebuild our sleep facility, as indicated on this application and in the attached description.

Signature	Date
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Please submit your completed application via email to info@discoversleep.org or fax to (630) 737-9790