OMB No. 0915-0244
Expiration date: 02-14-2001

RICKY RAY HEMOPHILIA RELIEF FUND
PETITION

This petition is to be used by all parties who may be eligible for payment under the Ricky Ray Hemophilia Relief Fund Act. Refer to the Ricky Ray Documentation Checklist for the supporting documentation that you must provide with the petition. **The petition and its documentation are subject to audit by the U.S. Department of Health and Human Services' Office of Inspector General.**

PRIVACY ACT STATEMENT

Section 103 of Public Law 105-369 and the Debt Collection Improvement Act of 1996 authorize collection of this information. It will be used to determine your eligibility to receive payments. This information will be disclosed to the Department of Health and Human Services and its consultants; and Federal, State or local law enforcement agencies if the Government becomes aware of a possible violation of civil or criminal law. Furnishing the information on this form, including the Social Security Number, is voluntary, but failure to do so may delay or prevent the receipt of a payment. The information collected will be maintained confidentially pursuant to the Privacy Act.

SECTION A. INDIVIDUAL WITH BLOOD-CLOTTING DISORDER AND HIV

This section is mandatory for all petitioners

Check the instructions for Section A.

Name: _____

Social Security Number: _____ Date of Birth: _____

If no longer living, provide date of death: _____

Complete address information if individual is living

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

SECTION B. ELIGIBLE PERSON WITH HIV (OTHER THAN INDIVIDUAL IDENTIFIED IN SECTION A)

This section is required for the lawful spouse, former lawful spouse, child and their survivors

Check the instructions for Section B.

Name: _____

Social Security Number: _____ Date of Birth: _____

If no longer living, provide date of death: _____

Complete address information if individual is living

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

RELATIONSHIP TO INDIVIDUAL IN SECTION A *(check one)*:

[ ] Lawful spouse (husband or wife) with HIV
[ ] Former lawful spouse (husband or wife) with HIV
[ ] Child with HIV (if person in Section A is the mother)
[ ] Child with HIV of the lawful wife with HIV
[ ] Child with HIV of the former lawful wife with HIV