National Renal Administrators Association
Hurricane Disaster Relief Fund

Financial Assistance Application Form

Fax Back to NRAA Office at (928) 441-3857

Financial assistance is available for those directly affected by Hurricane Katrina as described below:

Individual (Patient or Staff Member) **$100.00**

Hospital Based or Independent Dialysis Facility (Non Large Dialysis Organization) **$250.00**
There is a separate fund for these entities

Applicant Name (individual or facility) ____

Name of Dialysis Unit Affiliated with: ____

Current address: ____

City: ____________________________________ **State**: _____ **Zip**: _________

Tel: ____________________ **Email**: ____________________________________

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Previous address (if different from above) : ____

City: ____________________________________ **State**: _____ **Zip**: _________

Reason for request and what will the financial assistance be used for: ______________________

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Name: ____________________ Signature: ____________________ Date: ______________

A check will be mailed as soon as possible to the current address listed above.

1904 Naomi Place • Prescott, AZ 86303
(928) 717-2772 • Fax (928) 441-3857 • email nraa@nraa.org • www.nraa.org
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