



NYTHA, INC. APPLICATION FOR MEAL ASSISTANCE

IN ORDER TO BE CONSIDERED FOR OUR MEAL ASSISTANCE PROGRAM, YOU MUST SUBMIT YOUR LAST (4) PAYROLL STUBS AND DOCUMENTATION VERIFYING YOUR DISABILITY.

IN ADDITION, YOU MUST BE CURRENTLY ON A TRAINER'S BADGE LIST AND EMPLOYED ON NYRA BACKSTRETCH FOR AT LEAST 180 DAYS.

NYTHA, INC.
APPLICATION FOR MEAL ASSISTANCE

Date: _____

Name: _____

Address: _____

Telephone: _____ Age: _____

Employer: _____ Position: _____

Badge Identification #: _____

Length of time with present employer: _____

Length of time on NYRA backstretch: _____

Date you became disabled? _____

Describe what caused your disability? _____

Has disability insurance been filed? _____ If yes, what date? _____

Was accident work related? _____ Date of accident? _____

Has Workers' Compensation Insurance been filed? _____ When? _____

Is Applicant collecting compensation/disability payments? _____ Amount? _____

Approximate date when applicant should receive compensation/disability payments? _____

Date applicant can return to work? _____