



## Family Grant Fund

### Affidavit of Family Assistance Plan

I \_\_\_\_\_ the \_\_\_\_\_  
*Your Name* *Your Title*

Of \_\_\_\_\_ in \_\_\_\_\_  
*Your Company Name* *City and State*

declare that the above identified Air Medical Program has a Family Assistance Plan as a part of the program's overall Post Accident Incident Plan (PAIP).

I acknowledge that the Family Assistance Plan must include procedures to notify appropriate family members and to provide support services to family members following a program fatal or incapacitating serious injury event.

This Family Assistance Plan includes these elements:

1. Timely notification of next of kin. (Next of kin is no longer strictly defined at the federal level so the crew members should identify their next of kin on a datasheet provided by the program and review it annually.)
2. A plan for coordination of family needs immediately after the event, such as transportation, food, lodging, memorial/burial service, condolences, and initial grief support services/referrals. (Much of this is usually handled through the appointment of a family liaison.)
3. A plan that provides continuity of support, including follow-through with the family after the event, such as submission of crew to the National EMS Memorial Service, continuation of grief counseling and support referrals, inclusion of families in decision-making on anniversaries/memorials, and checking-in following release of the NTSB report, etc.

Additional eligibility requirements to receive MedEvac Foundation Family Grant Funding include:

- The Air Medical Program must be a Member of the Association of Air Medical Services (AAMS).
- The Air Medical Program must report all accidents to the appropriate agencies (FAA, NTSB, CONCERN).

I hereby attest that I am an official representative of the above-named air medical service with authority to sign on behalf of this service, and that this air medical service meets all of the eligibility criteria noted above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Email**

(\_\_\_\_\_) \_\_\_\_\_  
**Phone number**

\_\_\_\_\_  
**Program Mailing Address**

If someone other than the person signing this form may be the main contact in the event of an accident (working with the families directly), please provide their name and contact information as well.

**Please return to the MedEvac Foundation International office:  
Via fax (703) 836-8920 or via mail 909 N. Washington Street, Suite 410, Alexandria, VA 22314**