



Date: _____

Dear Dr. _____

The CAUSE Foundation was created to provide short-term financial assistance to United Airlines flight attendants in times of illness, injury, or disability. It is our understanding that you are currently treating _____ for a mental health condition. In order to best utilize the donations available, the following is our financial criteria for individuals who are diagnosed with Bipolar or other mental health condition.

The individual will receive financial assistance for three months starting from the date of admission and/or date of evaluation. If the individual has one lapse during the initial three-month period, The CAUSE Foundation will grant an extension for one month weeks. At the end of the three months and /or the one month extension period, it will be necessary for the Foundation to discontinue financial assistance.

The CAUSE Foundation will submit payments to the physician, therapist, and/or institution providing treatment. Financial assistance will not be given directly to the recipient of this application.

Please sign the conformation form and return it to The CAUSE Foundation. We thank you for your efforts in treating our co-worker.

Confirmation of Treatment

I, _____, am providing treatment for
(Treating Physician)

_____, who is diagnosed with a Mental Health condition.
(Patient's Name)

Date of Admission and/or Evaluation is: _____.

I, _____, understand and accept the terms and
(Patient's Name)
conditions of The CAUSE Foundation.

