



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 substance abuse. In order to best utilize the donations available, the following is our financial criteria for individuals who are involved in substance abuse treatment.

The flight attendant or family members must have been evaluated by a substance abuse counselor and agreed to follow the recommendations of the counselor. Once a month, a committee member will contact the counselor to verify the continuance of the treatment as prescribed. If the person should choose to stop treatment, all monies will cease. During treatment and following completion of treatment and for a one-year period of time, checks may not be made payable to the individual. The CAUSE Foundation will submit payments to the physician, therapist, and/or institution providing treatment.

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

Confirmation of Treatment

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

_____, who is receiving treatment for Substance Abuse.
(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.