

- **Name:** The survivor's full name.
- **Social Security Number:** The survivor's 9-digit Social Security Number.
- **Date of Birth:** The survivor's date of birth (month, day, and year).
- **Address:** The survivor's current home address.
- **City:** The survivor's current city of residence.
- **State:** The survivor's current state of residence.
- **Zip:** 5 or 9 digit zip code of the survivor's current residence.
- **Daytime phone:** The survivor's daytime telephone number, including the area code.

If the survivor filing the petition lives outside of the United States of America, in the State field, enter the country. In the Zip field, use any applicable mailing code. In the phone field, include the international code for the country.

- **Survivorship (check one):** Check the first box if you are a survivor of the individual with HIV and a blood-clotting disorder. Check the second box if you are a survivor of a person with HIV who is not the individual with a blood-clotting disorder (e.g., the lawful spouse, the former lawful spouse or the child). If you are a survivor of both, you may be eligible for two payments. In that case, file two separate petitions; check the first box in one petition and the second box in the other.
- **Nature of the survivor's relationship to the individual in Section A or the person in Section B (check one):** Check the appropriate box to indicate whether you were the lawful husband or wife at the time of the death of the person with HIV; the child or stepchild, where there is no surviving spouse; or the parent, where there is no surviving spouse or surviving children.
- **Surviving children or parents (check one):** Check the first box if you are the only survivor of the person with HIV who is eligible for payment under the Act. Check the second box if there are other eligible survivors. If you checked the second box, provide further information for each of the other eligible survivors:
 - **Name:** The name of the survivor(s) other than yourself; and
 - **Relationship:** The relationship to the person with HIV who died. (e.g., child, parent).

Four areas are provided on the form. If you need more space, use additional paper and list all eligible survivors.

AMENDMENT TO A PREVIOUSLY SUBMITTED PETITION – INSTRUCTIONS

Complete this section only if you are a survivor amending a petition

Under three specific circumstances described below, survivors of persons with HIV must file an amendment to a previously submitted petition in order to retain the original assigned order number and to receive payment under the Act. Survivors must use the petition form to amend a petition. If you meet any of the three circumstances, check the box and fill in the full name of the petitioner whose petition you are amending.

- If you are a survivor of a person who has already submitted a petition, but who died before receiving a compassionate payment, check the box and fill in the name of that deceased individual.

(Amendment continued, next page)

If you have any questions, go to the Ricky Ray web-site, www.hrsa.gov/bhpr/rickyray, or call the toll-free number, 1-888-496-0338.