

**Senior Service America, Inc. (SSAI)
Agriculture Conservation Experienced Services (ACES) Program**

8403 COLESVILLE ROAD, SUITE 1200 • SILVER SPRING, MARYLAND 20910
PHONE (301) 578-8900 FAX (301) 578-8895

**ACES Enrollee's
Notice of Accidental Injury or Occupational Disease**

TO ACES ENROLLEE: You must fill out this report immediately after you become aware of an accident, injury or occupational disease and its relationship to your assignment. Within 24 hours of the incident, fax a copy of this report to the ACES Program at 301-578-8895.

Enrollee Name: _____ (please print) Date of this report: _____

Street Address _____ City _____ State _____ Zip _____

ACES Project Name: _____

Street Address _____ City _____ State _____ Zip _____

Date of Injury: _____ Time of Injury: _____

Place where injury occurred: _____

Brief description of injury (attach additional sheets if necessary): _____

This is to notify SSAI/ACES Program that while enrolled in the ACES Program, I sustained an:

Check one: Injury Occupational Disease

Caused by: _____

Treating physician's name, address and phone number: _____

The above information is true and correct to the best of my knowledge, information and belief.

Signature of Enrollee