



Application for Assistance
Peace Officers' Angels Foundation

Commissioned peace officers suffering a serious life-changing line of duty injury, (please fill out the following information)

Date: _____
Injured Officer's Name _____
Department _____ Badge # _____
Address _____
Email Address _____
Phone # _____

Name of person filling out application _____
Description Of Injury (Describe in detail the nature of the injury and cause of injury)

Was the officer Hospitalized? Yes No If yes, How long? _____
Is/will the officer under-go rehabilitation? Yes No
Number of days off work? To date _____ Estimated future days _____
Has officer returned to work? Yes No Light duty? Yes No

Description of Need (Describe in detail how this situation has affected the officer and his/her family and any unusual or extenuating circumstances that may contribute to his/her need for assistance)

Will the officer require long term care? Yes No If yes, how long? _____
Does officer require special medical devices? Yes No
Does officer's medical insurance cover all costs? Yes No

Our Executive Board is the principal decision-making forum for the foundation. Please scan and send electronically to Maria804@tx.rr.com or grahambryan@sbcglobal.net.