



Application for Assistance Peace Officers' Angels Foundation

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

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 undergoing 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 officers medical insurance cover all costs? Yes No

Out of pocket expense to date: \$ _____

Fax your application to: 866 613-8159 (toll free)

Our Executive Board is the principal decision making forum for the foundation.