



## 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)

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)

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**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) \_\_\_\_\_

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**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

Our Executive Board is the principal decision making forum for the foundation. Please scan and send electronically to [Maria804@tx.rr.com](mailto:Maria804@tx.rr.com)