



Peace Officers' Angels Foundation - Application for Assistance

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: _____

Phone #: _____ **Email Address:** _____

Name of person filling out application: _____

Description Of Injury (Describe in detail the cause and nature of the injury. Use a second sheet if more space is needed.)

Description of need (Describe, in detail, the affect the injury has had on the officer and his/her family and any unusual or

extenuating circumstances that may contribute to his/her need for assistance. Use a second sheet if more space is needed.)

Was the officer Hospitalized? Yes No If yes, how long? _____

Number of days off work? To date _____ Estimated future days _____

Rehabilitation: Current: Yes No Future: Yes No If yes, how long? _____

Will the officer require long term care? Yes No If yes, how long? _____

Does the officer require special medical devices? Yes No

Does the officer's medical insurance cover all costs? Yes No

Has officer returned to work? Yes No **Light duty?** Yes No

Please send your application to grahambryan@sbcglobal.net.

****Peace Officers' Angels Foundation Executive Board will review your application. You will be notified of their decision. Executive Board members sign a confidentiality form and your information will remain confidential.*

