



**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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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](mailto: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.*

