



CORRECTIONAL PEACE OFFICERS FOUNDATION

Donation: \$ _____
Member Since: _____
Roster: _____
State: _____
<i>FOR OFFICE USE</i>

ASSISTANCE REQUEST FORM

Natural Disaster / Fire

(Please include copy of fire or damage report with completed form)

DATE: _____ **REPORT TAKEN BY:** _____

NAME OF APPLICANT: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CELL PHONE #: _____ **SOCIAL SECURITY #:** _____

SPOUSE NAME: _____ **SPOUSE OCCUPATION:** _____

CHILDREN'S NAMES & AGES (living in the home): _____

FACILITY: _____

JOB TITLE: _____ **WORK PHONE:** _____

NAME OF WARDEN/SUPT/ADMIN: _____ **PHONE:** _____

TYPE OF DISASTER: *(Hurricane, Tornado, House Fire, etc):* _____

DISPLACED FROM HOME? Yes No **HOMEOWNERS/RENTERS INSURANCE?** Yes No
(If yes, include copy of insurance claim; if no, include copy of damage or fire report)

DETAILED EXPLANATION OF DAMAGES/LOSS: _____

OTHER FINANCIAL ASSISTANCE RECEIVED? **FEMA \$** _____ **RED CROSS \$** _____

REFERRING PERSON INFORMATION

NAME: _____ **JOB TITLE:** _____

FACILITY : _____ **CELL PHONE #:** _____

EMAIL: _____