



# **CORRECTIONAL PEACE OFFICERS FOUNDATION**

Donation: \$ \_\_\_\_\_  
Member Since: \_\_\_\_\_  
Roster: \_\_\_\_\_  
State: \_\_\_\_\_  
*FOR OFFICE USE*

## **ASSISTANCE REQUEST FORM**

### **NATURAL DISASTER / FIRE**

*(Please include copy of fire report and pictures with completed form)*

**DATE:** \_\_\_\_\_ **REPORT TAKEN BY:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CELL PHONE #:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**SPOUSE NAME:** \_\_\_\_\_ **SPOUSE OCCUPATION:** \_\_\_\_\_

**CHILDREN'S NAMES & AGES** *(living in the home)*: \_\_\_\_\_  
\_\_\_\_\_

**CORRECTIONAL FACILITY:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**NAME OF WARDEN/SUPT/ADMIN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
.....

**TYPE OF DISASTER:** *(Hurricane, Tornado, Fire etc)*: \_\_\_\_\_ **DATE** \_\_\_\_\_

**DISPLACED FROM HOME?** yes ☐ no ☐ **HOMEOWNERS/RENTERS INSURANCE?** yes ☐ no ☐  
*(If yes, include copy of insurance claim along with photos of damages)*

**DETAILED EXPLANATION OF DAMAGES/LOSS** *(if displaced, specify if staying with family, hotel, etc)*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### **REFERRING PERSON INFORMATION**

**NAME:** \_\_\_\_\_ **JOB TITLE:** \_\_\_\_\_

**FACILITY :** \_\_\_\_\_ **CELL PHONE #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_