



# APPLICATION FOR ASSISTANCE

**Assist the Officer**  
FOUNDATION

Date of Application: \_\_\_\_\_

## SPONSOR INFORMATION

Sponsor Name	Badge #	Division
Contact Phone #	Signature	

## RECIPIENT INFORMATION

Recipient Name	Badge #	Contact Phone #		
Mailing Address	City	State	Zip Code	

## DESCRIPTION OF INJURY / ILLNESS

(Describe in detail the nature of the recipients injury or illness.)

<i>(Continue on reverse side if necessary)</i>

Was recipient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long? _____	Days off work? To Date: _____ Estimated future: _____
Is recipient undergoing any rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has recipient returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Light Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No

## DESCRIPTION OF NEED

(Describe in detail how this situation has affected the recipient and his/her family financially, and describe any unusual or extenuating circumstances which may contribute to his/her need for assistance.)

<i>(Continue on reverse side if necessary)</i>

Will recipient require long-term care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long? _____	Does recipient require special medical equipment or devices? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does recipient's medical insurance cover all costs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Out of pocket expenses to date: \$ _____ Lost income to date: \$ _____

Mail or email completed application to:  
**Assist the Officer Foundation | 1412 Griffin Street East | Dallas, Texas 75215**  
**ato@dallaspa.org**

### OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS SPACE

Application Received By	Date Submitted	Angela Arredondo	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ed Lujan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Beth Sundquist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frederick Frazier	<input type="checkbox"/> Yes <input type="checkbox"/> No	Joe Meno	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laurie Burks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Joe King	<input type="checkbox"/> Yes <input type="checkbox"/> No
Steve Brody	<input type="checkbox"/> Yes <input type="checkbox"/> No	Justin Bowen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Haydee Bowen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shavon Wall	<input type="checkbox"/> Yes <input type="checkbox"/> No

Determination Date _____	Approved for
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Hold	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000