

Black Police Association of Greater Dallas

OFFICER DOWN FOUNDATION

Est. 2012

APPLICATION FOR ASSISTANCE

Date of Application_____

RECIPIENT INFORMATION

Recipient Name: _____ Badge #: _____ Contact Phone # _____

Address: _____ City State Zip: _____

Email: _____

DESCRIPTION OF INJURY/ ILLNESS AND 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)*

[illegible]

Will recipient require long-term care? Yes No If yes, how long? _____
Does recipient medical insurance cover all costs? Yes No

Does recipient require special devices? Yes No
Out of pocket expenses to date:\$ Lost income to date: \$

Was the recipient hospitalized? Yes No If yes, how long? _____
Is the recipient undergoing any rehabilitation Yes No

Days off work? To date: _____ Estimated future: _____
Has recipient returned to work? Yes No Light Duty Yes No

Return completed application to:

Black Police Association Officer Down Foundation 211 Centre St. Dallas Texas 75208

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

Application received by: _____ Date: _____ Comment: _____

Willie Parham	Yes	No
X	Date	

Willie Ford	Yes	No
X		Date

Michelle Thomas	Yes	No
X	Date	

Tony Rollison	Yes	No
X	Date	

Angelia Williams	Yes	No
X		Date

Approval Amount: \$ _____

Check No: _____