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)*

**Date of Incident** _____

| | |
|---|---|
| Will recipient require long-term care? Yes No If yes, how long?_____ | Does recipient require special medical devices? Yes No |
| Does recipient medical insurance cover all costs? Yes No | Out of pocket expenses to date: $_____ Lost income to date: $_____ |
| **Was the Recipient Hospitalized? Yes No If yes, how long?**_____ | **Days off Work? To Date:**_____ **Estimated Future:**_____ |
| **Is recipient undergoing any rehabilitation? Yes No** | **Has recipient returned to work? Yes No Light Duty Yes No** |

Mail or fax completed application to:
Black Police Association Officer Down Foundation 211 Centre Street Dallas, Texas 75208 (214)421.8408

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

**Application received by:**_____**Date:**_____**Comment:**_____

| | | |
|---|---|---|
| **Willie Parham** ☐ Yes ☐ No<br>**X**_____**Date**_____ | **Sharise Hadnot** ☐ Yes ☐ No<br>**X**_____**Date**_____ | **Michelle Thomas** ☐ Yes ☐ No<br>**X**_____**Date**_____ |
| **Paulette Richardson** ☐ Yes ☐ No<br>**X**_____**Date**_____ | | **Approval Amount- $**_____<br>**CHECK NO#**_____ |

*Black Police Association – 211 Centre Street – Dallas, Texas 75208*
*214.421.7644 (Phone) 214.421.8408 (Fax) odf@bpadallas.org (email)*