Email

https://northtexascf.org/nonprofits/first-responders/



## Request for Financial Assistance

The Fleetwood Memorial Foundation Fund at North Texas Community Foundation was established to provide grants for financial assistance to Certified Texas Peace Officers and Fire Protection Personnel who suffer from an injury in the line of duty\*. Assistance grants are also available to the immediate family if the incident resulted in death.

Requests for financial assistance must be submitted to the North Texas Community Foundation no later than eight weeks from the date of the incident. Funds are dedicated to help with immediate needs of injured and fallen peace officers, fire personnel and their families. All requests for financial assistance will be evaluated based on circumstances and availability of funds.

## THE INFORMATION ON THIS FORM MUST BE COMPLETED AND SUBMITTED BY THE AGENCY THE INJURED OR DECEASED PERSON WAS WORKING FOR AT THE TIME OF THE INCIDENT.

\*"In the line of duty" means more than "on duty". Injury or death occurring in the line of duty refers to injury or death suffered in the course of performing those duties which involve or relate to the dangerous and hazardous aspects of the duties of peace officers and fire personnel. No assistance shall be given for things such as injuries or deaths resulting from slips and falls, normal exercise or activities, illness contracted on the job or from exposure to toxic substances that has occurred over time, or vehicle accidents, in the event same happen while on duty, but are not related to any aspect of the dangerous or hazardous aspects of the duties of peace officers or fire personnel.

## Fallen/Injured Personnel Information Date of Birth Title or Rank Name Fire Personnel Peace Officer Texas Fire Personnel or Texas Peace Officer (please check one) Address City State Zip Phone Email Please check one Married Single Common Law Cohabitating Spouse/Partner Information Name YES Same address as the injured or fallen personnel? NO If no, please provide address. Date of Birth Phone

Dependent Children (please use a separate sheet of	paper for any dependents that are unable to fit on this form)	)					
Name	D	ate of Birth					
Name	D	ate of Birth					
Name	D	ate of Birth					
Name	D	ate of Birth					
Name	D	ate of Birth					
Other Dependents							
Name	D	ate of Birth					
Name	D	Pate of Birth					
Incident Information							
Please include news links and/or attach any news articles that reference the incident.							
Date of Incident	Location of Incident						
Description of Incident & Injuries Sustained							
D:1: :1	2(D)		VEC	NO			
Did incident occur *in the line of duty		irst page)	YES	NO			
Did incident result in death? YE	S NO						
Date of death							
Where are gifts/financial support for the injured or fallen personnel being directed?							

 $If you \ answered \ YES \ to \ the \ incident \ resulting \ in \ death, you \ may \ skip \ the \ next \ section \ regarding \ medical \ information.$ 

Medical Information						
Did injured personnel receive med	ical attention	for their injury?	YES	NO		
Number of days in hospital						
Any pending surgeries or procedur	res? YES	NO				
If yes, please describe.						
Did incident leave the injured pers	onnel permane	ently disfigured o	r permanently	disabled?	YES	NO
If yes, please describe.						
Anticipated date of return to their	original job					
Will injured personnel be able to p	erform their o	riginal job upon re	eturn?	YES	NO	
Did incident result in loss of job?	YES	NO				
If the injured personnel is unable to return to	o their job, please c	contact us about retrai	ning grants to assi	st the personne	el in obtaining a ı	new career.
Department Information						
Department Name						
Address						
City	State	Zip	Phone			
Department Head and Title						
Name			Title			
Email			Phone			
Name of Department Personnel of	ompleting this	s form				
Name			Title			
Email			Phone			
Signature						
l,	)	(Name of Danatas at Danas	ol occordante ablia forma	submi	t this form on	behalf of
(Title of Department Personnel completing this for	111)	(Name of Department Personn	· -	est that the ir	nformation pro	ovided on
(Title of the Injured or Fallen Personnel)	(Name of t	the Injured or Fallen Personnel)			ı	
this form is correct and factual to the	best of my knov	wledge.				
Signature				Dat	:e	
Please submit all forms and/or ques	tions to:					

Susan Van Meter I Community Impact Grants Coordinator I 817.877.0702 I <u>svanmeter@northtexascf.org</u>