



PROUD TO SERVE THOSE WHO SERVE

FAMILY ASSISTANCE REQUEST

Financial Assistance Request # _____

**Please note that this request must be submitted by a first level supervisor or an H/R Supervisor.*

****PLEASE ATTACH A COPY OF YOU STATE ID OR DRIVER'S LICENSE****

Today's Date: _____ Department / Agency: _____

Date of Incident: _____ Line of Duty? Non-Line of Duty?

Name of First Responder: _____

Title / Position: _____ Date of Birth: _____

Home Phone: _____ Mobile: _____

Home Address: _____ City/St/Zip: _____

Email Address: _____ Full-Time Paid Employee? Yes/No _____ Years of Service: _____

Describe Incident and Reason for Financial Need:

**Please submit copy of Department Incident Report or Industrial Claim with request if applicable and add additional pages as needed:*

VERIFICATION OF INFORMATION BY APPLICANT

Please check all that apply and sign where indicated.

I hereby certify the following:

- The grant funds from Borderland 100 Club will be used for the following expenses (check all that apply):
 - Medical costs related to illness/injury
 - Travel costs necessary to obtain medical services related to illness/injury
 - Assistance with rent, mortgage payments or car loans to prevent loss of a primary home or transportation that would cause additional trauma while I am unable to work due to illness/injury
 - Other (describe): _____

2. I am not being reimbursed through my employer or insurance for the costs checked above or the portion of those costs that is being paid for with these grant funds.
3. The costs checked above would be a financial hardship for me if I did not receive assistance from Borderland 100 Club.

I declare under penalty of perjury that the foregoing is true, correct, and complete to the best of my knowledge and belief.

Signature: _____ **Date:** _____

Make Benefit Check To: _____

Other Person/Designee authorized to pick up payments: _____

BENEFICIARY INFORMATION

Beneficiary Name (Spouse / Parent): _____

Home Phone: _____ **Mobile:** _____ **Other:** _____

Home Address: _____ **City/St/Zip:** _____

Email Address: _____

How Many Dependents (Other Than Spouse): _____

Name, Sex, and Date of Birth of Dependents:

**This information is used internally to provide opportunities to dependents (biological, adopted, guardianship) such as: summer camp, holiday gift giving, scholarship opportunities, etc.*

1. **Name:** _____ **Sex:** _____ **DOB:** _____

2. **Name:** _____ **Sex:** _____ **DOB:** _____

3. **Name:** _____ **Sex:** _____ **DOB:** _____

4. **Name:** _____ **Sex:** _____ **DOB:** _____

5. **Name:** _____ **Sex:** _____ **DOB:** _____

INFORMATION PROVIDED BY SUPERVISOR

**Must be submitted by a first level supervisor or an H/R Supervisor.*

Your Name: _____ **Title:** _____

Department/Agency: _____

Agency Address: _____ **City/St/Zip:** _____

Office Phone: _____ **Mobile:** _____

Email: _____

Your Signature: _____ **Date:** _____

Second Level Supervisor Name: _____ **Title:** _____ **Office**

Phone: _____ **Mobile:** _____

Signature: _____ **Date:** _____

Department Head/Chief Name: _____ **Email:** _____

Submit form by email, send to contact@borderland100club.com

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TO BE COMPLETED BY AUTHORIZED 100 CLUB PERSONNEL

Verified/Approved: _____ **Date:** _____ **Data ID:** _____ **Payment ID:** _____

Posted: _____ **Date:** _____ **Check #:** _____ **Amount:** _____

Denied: _____ **Date:** _____