PROUD TO SERVE THOSE WHO SERVE

INJURY 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 Injured Individual: ____________________________________

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:*

____
____
____
____
____
____

In Hospital: YES/NO **ICU: YES/NO**

Estimated Hospital Stay: _________________ **Estimated Time Off Work:** ____________

Does Injured Require Extensive or 24-Hour Care If Not in the Hospital? ____________

Has Injured Individual Worked Any Hours Since Injury (Full Duty or Light Duty)? _______________

Has Injured Individual Been Out Of Work For 30 Days Or More? _______________

VERIFICATION OF INFORMATION BY APPLICANT

Please check all that apply and sign where indicated.

I hereby certify the following:

1. 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:**__________________________

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:_________________

Email: ____

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: _______