PROUD TO SERVE THOSE WHO SERVE

PEER 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 IDENTIFICATION OR DRIVER'S LICENSE

Today's Date: _____ **Department / Agency**: _____

Date of Incident:_____

Name of Individual in Need: _____

Title / Position:_____**Date of Birth:** _____

Home Phone:_____**Mobile:**_____

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

Email Address:_____**Years of Service**: _____

Is individual a Full-Time Paid Employee? Yes/No

Is individual sworn or certified? Yes/No

Is individual struggling with the emotional impact of their public safety position? Yes/No

Is there an official diagnosis in place? Yes/No

**If diagnosis has been given, please provide on a separate page.*

Describe circumstances that led up to the diagnosis as they pertain to the individual's employment (*describe the incident – was it one incident or multiple incidents? Please continue on a separate page as necessary***.)**

_____
_____
_____
_____
_____
_____

Is individual under treatment of a licensed mental health counselor or therapist? Yes/No

If yes, may we contact the licensed counselor/therapist? Yes/No

Counselor/Therapist name: _____ **Phone number:** _____

Are we able to provide payment directly to licensed counselor/therapist? Yes/No

If yes, please provide the following information:

Counselor/Therapist Office Address: _____

City/State/Zip: _____

Are there expenses incurred that are not being reimbursed by the department? Yes/No

If yes, please provide the amount incurred: _____

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: _____