Fleetwood Memorial Fund at North Texas Community Foundation 777 Main Street, Suite 2850 Fort Worth, TX 76102 817.877.0702 https://northtexascf.org/nonprofits/first-responders/

Fleetwood Memorial Foundation Fund

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 THEAGENCY 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 ficers or fire personnel.

Name		Title or Rank		Date of Birth		
Texas Fire Personnel or Texas Peace Officer (please		er (please check one)	F	Fire Personnel		Officer
Address			City		State	Zip
Phone		Email				
Please check one						
Single	Married	Cohabitating	Comr	mon Law		
Spouse/Partner Informat	ion					
Name						
Same address as the injur	ed or fallen perso	nnel? YES	NO			
If no, please provide addre	255.					
Date of Birth		Phone				
Email						

Fallen/Injured Personnel Information

Dependent Children (please use a separate sheet of paper for any dependents that are unable to fit on this form)

Name	Date of Birth
Name	Date of Birth
Other Dependents	
Name	Date of Birth
Name	Date 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

Did incident occur *in the line of duty	(Please refer to definition on	first page)	YES	NO
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Did incident result in death? YES 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 medical attention for their injury?	YES	NO		
Number of days in hospital				
Any pending surgeries or procedures? YES NO				
If yes, please describe.				
Did incident leave the injured personnel permanently disfigured o	or permanently	disabled?	YES	NO
If yes, please describe.				
Anticipated date of return to their original job				
Will injured personnel be able to perform their original job upon 1	return?	YES	NO	
Did incident result in loss of job? YES NO				
If the injured personnel is unable to return to their job, please contact us about retro	aining grants to assi	st the personne	el in obtaining a n	ew career.
Department Information				
Department Name				
Address				
City State Zip	Phone			
Department Head and Title				
Name	Title			
Email	Phone			
Name of Department Personnel completing this form				
Name	Title			
Email	Phone			
Signature				
I,		submi	t this form on l	pehalf of
(Title of Department Personnel completing this form) (Name of Department Person		est that the ir	nformation pro	vided on
(Title of the Injured or Fallen Personnel) (Name of the Injured or Fallen Personnel this form is correct and factual to the best of my knowledge.			·	
Signature		Dat	e	
Please submit all forms and/or questions to:				
Susan Van Meter Community Impact Associate 817.877.0	702 <u>sva</u>	nmeter@nor	rthtexascf.org	