

# Family Fund for Paralyzed & Disabled Officers



## Legion Of Honor

Each day about 189 officers are injured in the line of duty. An award and certificate are available to any law enforcement officer who was injured in the line of duty and required at least three days of medical treatment.

Many officers are able to return to duty but are never formally recognized for their injuries. This Medal was created for that recognition.



## ENROLLMENT FORM

In honor of law enforcement officers who have been paralyzed and/or disabled in the line of duty, the National Association of Chiefs of Police provides assistance to the officer and his/her immediate family. Based on information provided to us we are able to send information to the families about programs such as college scholarships, Christmas and birthday gifts, and summer camp grants. There is also a quarterly newsletter and a lifetime membership to the American Police Hall of Fame and Museum provided at no cost to family members.

### ELIGIBILITY

Injured law enforcement officer must be considered at least 50% disabled as determined in writing by an **ATTENDING PHYSICIAN** or **DISABILITY RETIREMENT BOARD**. Documentation of injury and disability rating must be accompanied with this application for enrollment.

### GENERAL INFORMATION *(All provided information will remain confidential)*

Injured Officer's Full Name \_\_\_\_\_ Rank \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Department/Agency \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Injury \_\_\_\_\_

Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Brief statement of incident and cause of Injury \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is Injury considered a disability  Yes\* - give percentage \_\_\_\_\_ %  No - Skip Family Member Information

Date \_\_\_\_\_ Signature \_\_\_\_\_

### FAMILY MEMBER INFORMATION *(Eligible only with Active Enrollment)*

The following persons listed are the **immediate** family:

If Married, spouse's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Children, if any: (If additional space is required, use back of form. Include date of birth for children to be included in our Christmas and birthday gift program).

1. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Indicate:  Son  Daughter

Address \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Indicate:  Son  Daughter

Address \_\_\_\_\_

3. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Indicate:  Son  Daughter

Address \_\_\_\_\_

#### Parents:

Father's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Mother's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

### ENROLLMENT *(Check One)*

**ACTIVE** (Free) - Includes Medal and Certificate as well as officer and family benefits. (**\*50% or more disability**)

**ASSOCIATE** (\$25 fee for Medal and Certificate) - Includes lifetime membership to the APHF. (**Must provide proof of injury**)

**SPONSOR** (\$25 or more tax deductible donation) - Includes a 1 year membership to the APHF.

#### OFFICE USE ONLY

AWARD ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_