

Family Fund for Paralyzed & Disabled Officers



Police Purple Heart

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.

The medal and certificate are similar to the Military Order of the Purple Heart issued by the Armed Forces.

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 _____

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 Purple Heart and Certificate as well as officer and family benefits. (***50% or more disability**)

ASSOCIATE (\$25 fee for Purple Heart 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: _____