

# 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 permanently 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 enroll families in programs for 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

Applicant must submit documentation of line of duty injury AND a statement on department letterhead confirming retirement or honorable discharge due to this injury. Also required is a current letter from the applicants attending physician referencing a permanent disability of at least 50%. Above information must be submitted with a completed enrollment form. Incomplete submissions will be returned.

### 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:

Spouse's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing address: \_\_\_\_\_

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 \_\_\_\_\_

### 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: \_\_\_\_\_