

LAKWOOD POLICE EMPLOYEE ASSISTANCE FOUNDATION

Emergency Assistance Application

The Lakewood Police Employee Assistance Foundation (LPEAF) was founded in 2007 for the purpose of assisting Lakewood Police Department employees during a time of financial need. The beneficiaries of this fund may include any current sworn or civilian employee, any retired employee with 20 years of consecutive service, and any volunteer. The LPEAF is a 501c3 tax-exempt charity.

After review of the following application, and approval by the LPEAF Board, Emergency Assistance *may* be provided based on the following criteria:

Death: To provide aid to the family of an employee upon the employee's death. To provide aid to an employee upon the death of an immediate family member. Payment of some or all basic funeral expenses, or reasonable related expenses, in the event of financial need.

Illness: To aid with reasonable and non-medical expenses related to a serious illness, as defined by the LPEAF Board, and incurred by an employee or immediate family member.

Financial Hardship: To provide short-term financial relief for short-term episodes of serious financial hardship incurred through no fault of the employee, and unrelated to work-related discipline.

Catastrophe: To provide short-term financial relief to aid with the results of a momentous tragic event, not brought on by recklessness or fault of the employee.

Requests for assistance are kept in the strictest confidence.

Personal Information: Recipient

Last Name		First Name		MI	Employee #
Home Address		City		State	Zip Code
Home Phone Number		Work Phone Number		Cell Phone Number	
Employee <input type="checkbox"/>	Job Title/Assignment	Length of Service		# of Dependents	
Retiree <input type="checkbox"/>					
Volunteer <input type="checkbox"/>					
Criteria: Death <input type="checkbox"/> Illness <input type="checkbox"/> Financial Hardship <input type="checkbox"/> Catastrophe <input type="checkbox"/>					

Recipient Last Name:

Applicant (if different from recipient)

Last Name	First Name	MI	Employee #
Home Address	City	State	Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number	
Job Title/Assignment 1		Relationship to Recipient	

Please explain the situation, including why assistance is needed and how funds will be spent. (If appropriate, please attach copies of any supporting documents and/or bills that will verify the need. Do not submit originals. Upon review of the application, the LPEAF Board may request additional documentation.)

Please read and sign. By signing below, you agree that you have completed this application fully and truthfully. You also give permission for the LPEAF Board to review the request, as well as your employment status and all personal and confidential information provided by you or the applicant in consideration of this Emergency Assistance Application. You understand that if any part of the information submitted is found to be fraudulent it will result in your application being denied, and you agree that you will return all monies already paid to you by the LPEAF.

Signature of Recipient	Date
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