



# Family Fund for Paralyzed & Disabled Officers



## Purple Heart

Each day about 138 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 one week of medical treatment. Many officers are never formally recognized for their injuries.



Return enrollment form to:  
FFPDO  
American Police Hall of  
Fame & Museum  
6350 Horizon Drive  
Titusville, FL 32780

## A Program of the National Association of Chiefs of Police

### ENROLLMENT FORM

*In honor of law enforcement officers who have been paralyzed 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 eligibility we will provide college scholarships, Christmas and birthday gifts, medical reimbursements, and summer camp grants. There is also a quarterly newsletter and lifetime membership to the American Police Hall of Fame & Museum (APHF) provided at no cost.*

### ELIGIBILITY

*Injured law enforcement officer must be considered totally and permanently disabled as determined in writing by an ATTENDING PHYSICIAN and DISABILITY RETIREMENT BOARD. Documentation of injury and disability must be accompanied with this application.*

### OFFICER INFORMATION (All information will remain confidential)

Full Name \_\_\_\_\_

Rank \_\_\_\_\_

Home address \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Injury \_\_\_\_\_

Brief statement of incident and cause of injury

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

### AGENCY INFORMATION

Department/Agency \_\_\_\_\_

Commanding Officer \_\_\_\_\_

Address \_\_\_\_\_

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

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



# Family Fund for Paralyzed & Disabled Officers

## Family Member Enrollment

### FAMILY MEMBER INFORMATION

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

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

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

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

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

Children, if any: (Include date of birth for children to be included in our Christmas and birthday gift program).

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Son  Daughter

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Son  Daughter

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Son  Daughter

Address \_\_\_\_\_

4. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Son  Daughter

Address \_\_\_\_\_

5. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Son  Daughter

Address \_\_\_\_\_

6. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Son  Daughter

Address \_\_\_\_\_

Other immediate family members to receive quarterly newsletter and program information:

1. Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Relationship to officer \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Relationship to officer \_\_\_\_\_