



## LOUDOUN FIRST RESPONDERS FOUNDATION

The mission of Loudoun First Responders Foundation (LFRF) is to financially support active Loudoun County first responder personnel facing needs arising from; injury, illness and conditions in the line of duty, and/or loss of active duty approved under the county's Family Medical Leave Act (FMLA) or bereavement policy.

# APPLICATION FOR BENEFITS

Applicant Name & Title: \_\_\_\_\_

Applicant Agency / Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Injury / Illness: \_\_\_\_\_

Time off work: \_\_\_\_\_

\_\_\_\_\_

Circumstances surrounding line of duty injury / illness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you eligible for TRD ☐ Yes ☐ No

Do you need assistance with:

☐ Mortgage Payment ☐ Car Payment ☐ Groceries ☐ Pet Service

☐ Lawn Service ☐ Other \_\_\_\_\_

**For final approval forward this application to the Systems Chief.**

\_\_\_\_\_

Agency / Department comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agency / Department Head Signature:

*The undersigned certifies to the accuracy of the foregoing information and acknowledges that the Loudoun First Responders Foundation will rely upon the foregoing information in reaching a decision on this Application.*

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

Printed Name \_\_\_\_\_