



**L O U D O U N
FIRST RESPONDERS
F O U N D A T I O N**

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 _____