



# Correctional Peace Officers Foundation, Inc.

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## **Guidelines and Procedures for Catastrophic Assistance Program**

The CPOF Foundation defines as CATASTROPHIC when an Officers or a staff member at a Correctional Facility, because of a catastrophic illness, injury or event has drained family resources. Our resources within the Catastrophic Assistance Program are not infinite. They are limited and the Catastrophic Assistance Coordinators along with contacts (at the individual facilities) must verify and explore the extent of financial need.

Our Catastrophic Assistance Program is not intended to supplement an entire paycheck and is primarily for the Correctional Officer and their immediate family.

If extensive travel is involved in treatment and or therapy, in the case of extended illness and or injury, where officer is unable to obtain local medical services for themselves, their spouse or children, weight may be given to assisting with medical/travel cost for these services.

Bereavement assistance is limited to the Officer, the spouse and the minor children if there is a dire need and no other finances or immediate insurance is available.

The CPO Foundation Board of Directors will strongly consider assisting Corrections Personnel in situations related to natural disasters; fire, flood, earthquake, tornado, etc.

We will request documentation supporting the catastrophic event, illness, or injury. Documentation such as police reports, doctors'/hospital reports, etc. We may also request a completed Financial Worksheet supporting minimum monthly living expenses and monthly income (which will include pay warrants and any other sources of income). Other documentation or information may be required based on case-by-case situations.

On each referral we receive (whether directly from the applicant or from a co-worker) we will immediately touch base with the facility. There are a number of reasons we do this. One, we work with the facility and the Department of Corrections in assisting personnel in need. Two, we want the facility to know what are doing and why. And three, we need to verify the facts. We are not questioning the staff or their integrity but remember it is not our money; it is yours and the other Supporting Members. We need to know, without any doubt, that the need does exist and that all steps possible within the ability to lessen or alleviate the situation have been taken.

Once all the information is received, we make a recommendation based on the information provided to the Foundation Managers and the Board of Directors where each file is then reviewed for a final decision. This action can take 12-14 days once all requested information is received (not including weekends and holidays). Once a final decision is reached, notification will be made either by phone or letter.



## CORRECTIONAL PEACE OFFICERS FOUNDATION, INC.

### **REQUIRED DOCUMENTATION FOR ALL APPLICATIONS FOR CATASTROPHIC ASSISTANCE**

If the Applicant's situation is **MEDICALLY** related such as an **ILLNESS, INJURY OR ASSAULT** the following documentation is required:

- A) **APPLICATION FOR ASSISTANCE**
- B) **FINANCIAL WORKSHEET & COPY OF MOST RECENT PAY STUB**
- C) **MEDICAL DIAGNOSIS AND PROGNOSIS FROM THE TREATING PHYSICIAN**
- D) **MEDICAL EXPENSE SUMMARY** is required only if the Applicant is requesting assistance for out of pocket expenses incurred from prescribed medications related to the illness or injury. A **MEDICAL EXPENSE SUMMARY** is a printout that shows a persons medications and the amount paid for each. This can be acquired from the Pharmacy where the prescriptions are filled. In situations involving the Applicant's spouse or child who requires medical attention, we would need all the same documentation as mentioned above, though the **MEDICAL DIAGNOSIS AND PROGNOSIS** would pertain to the spouse or child...not the Applicant.

If the Applicant's situation is a **HOUSE FIRE** or **NATURAL DISASTER** (hurricane, tornado, earthquake, etc), the following documentation is required:

- A) **APPLICATION FOR ASSISTANCE**

**AND one of the following**

**FIRE/DAMAGE REPORT**  
**OR**  
**HOMEOWNERS OR RENTERS INSURANCE CLAIM (if applicable)**  
**OR**  
**ESTIMATE FOR REPAIRS**  
**OR**  
**PHOTOS OF DAMAGES**

**\* No FINANCIAL WORKSHEET is required for HOUSE FIRES or NATURAL DISASTER**

If the Applicant's situation is **BEREAVEMENT** (death of Applicant, spouse or child) the following documentation is required:

- A) **APPLICATION FOR ASSISTANCE**
- B) **COPY OF THE OBITUARY**  
**OR**  
**STATEMENT/PURCHASE AGREEMENT from the FUNERAL HOME.**

**\* No FINANCIAL WORKSHEET is required in BEREAVEMENT situations**



## Catastrophic Assistance Program

### Application for Assistance

(Please complete front & back)

**ALASKA**

Donation: \_\_\_\_\_

Member Since: \_\_\_\_\_

Roster \_\_\_\_\_

State \_\_\_\_\_

FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Report Taken By: \_\_\_\_\_

Applicants Home Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ E-Mail \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Children's Names & Ages (Living in the home under 18) \_\_\_\_\_

Current Facility: \_\_\_\_\_ Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ex. \_\_\_\_\_

### REFERRING PERSON INFORMATION

Name: \_\_\_\_\_ Contact Phone Number (cell/home) \_\_\_\_\_

CPOF Member? \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Job Title: \_\_\_\_\_ Facility: \_\_\_\_\_ Wk Ph # \_\_\_\_\_ Ex. \_\_\_\_\_

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**Who Referred You (if submitting on own behalf)?** \_\_\_\_\_

**Facility Informed? (Warden, Supervisor, HR, etc)** \_\_\_\_\_

**Last Day at Work?** \_\_\_\_\_

**Expected Return Date?** \_\_\_\_\_

**Amount & Date of Last Pay Warrant?** \_\_\_\_\_

**Other Financial Aid?** \_\_\_\_\_

**Do you have time on the Books?** \_\_\_\_\_

**Applied for Shared/Family or Leave donations?** \_\_\_\_\_ **Date Applied** \_\_\_\_\_

**If approved, total number of hours?** \_\_\_\_\_ **Date Expires** \_\_\_\_\_

**Are you on regular LWOP?** \_\_\_\_\_

**Applied for Workman's Compensation?** \_\_\_\_\_ **Date Applied** \_\_\_\_\_

**If approved for Workman's Comp, amount you are receiving \$** \_\_\_\_\_

**Do you have Short or Long Term Disability?** \_\_\_\_\_ **If yes, date filed** \_\_\_\_\_

**Amount you are receiving from Disability \$** \_\_\_\_\_

**Reason for Application:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_