



Catastrophic Assistance Program

Natural Disaster

Application for Assistance

Donation: _____

Member Since: _____

Roster _____

State _____

*FOR OFFICE USE
ONLY*

Date: _____ Report Taken By: _____

Applicants Cell 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*) _____

Current Jail _____ Job Title _____ Date of Hire _____

Union President _____ Work Phone # (____) _____

Detailed Explanation of Damages _____

REFERRING PERSON INFORMATION

Name: _____ Cell # _____

Job Title _____ Facility _____ Wk Ph # _____

CPOF Member Yes _____ No _____ Social Security # _____

E-Mail Address _____

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