



Request for Assistance Form

Please Print or Type.

An online version of this is available at: borderpatrolfoundation.org

Personal Information				
Date of Incident:		Line of Duty (Y/N):		Today's Date:
Name of Agent or Border Patrol Employee:			Title:	
Address:		City:	State:	Zip:
Duty Station:	Sector:	Number of Dependents:		Dependents' Ages:
Name of Beneficiary:		Relationship to Agent:		
Is this a first-time request for this family?		Has this family received benefits from BPF in the past?		
Describe Incident or Injuries:				
Present Circumstance:				
Reason for request (Please select one): <ul style="list-style-type: none">• Death Benefit (on- or off-duty)• Financial burden in excess of insurance• Out of pocket medical expenses – please indicate when out of pocket expenses for this event started• Loss of pay (differential pay is not covered)• Other		Explanation (if needed, attach additional pages):		

In Hospital? Y/N	ICU? Y/N	Estimated Stay in hospital?	Estimated time with restricted or no income?
Information Provided by (Note: Request for Assistance Form must be signed by Peer Support, Chaplain, or Direct Line Supervisor)			
Name:	Title:	Office Phone:	Mobile Phone:
Email:		Sector or Station Address:	
I hereby state that all the information provided is true and correct to the best of my knowledge: Signature: _____			

Assistance Check Delivery			
Make benefit check payable to:		Relationship to Agent or Employee:	
Address to Mail Check:			
Address:	City:	State:	Zip:
Person Delivering Check (if not mailed directly to Agent or Employee):			
Title:	Station:	Sector:	

Please email completed form to: assistance@borderpatrolfoundation.org

Note:

The BPF is committed to ensuring the privacy of the requestor(s) who submit this Request for Assistance form, and the beneficiaries on whose behalf information is provided on this form, as well as any additional information that may be required to fulfill the request. BPF will not disclose or share any information collected and will ensure the safe and confidential storage of any requests.

For BPF Use Only

Date Received:
