



Request for Assistance Form

Date

Please provide as much information as possible

PERSONAL INFORMATION

Request is for: USBP Agent USBP Employee Dependent of a USBP Agent or Employee

Name of Agent or Border Patrol Employee :

Title, Duty Station, Sector :

Date of Incident : _____ Number of Dependents : _____ Dependents' Ages : _____

Agent/Employee Address : _____

Agent/Employee Phone Number : _____ Agent/Employee Email : _____

First time request : Yes No Please describe : _____

In Hospital : Yes No ICU? : Yes No Estimated time in Hospital : _____

Circumstance: Agent Death On-Duty Agent Death Off-Duty Employee Death Dependent Death

Please select only one per request

Agent Injury On-Duty Agent Injury Off-Duty Employee Injury Dependent Injury

Medical Condition Financial burden

Other _____

BENEFICIARY INFORMATION

Contact Name : _____ Phone Number : _____

Relationship : _____ Email : _____

PLEASE DESCRIBE CIRCUMSTANCE (INCLUDE DATE OF INCIDENT)

Please help us expedite this request by providing a description and help us understand if this is for an injury or medical condition, and if so, please include actual incurred medical expenses for which you will not seek or receive reimbursement, actual travel expenses, leave status, in network or out of network insurance coverage, childcare expenses, treatment plan, and any other information on circumstance.

NOTE: Please ensure the expenses listed have been incurred by self or the person and/or eligible dependents for whom this request seeks assistance, and that these expenses have not been reimbursed nor are eligible for reimbursement from your medical plan, health plan, or other policy.



Please provide as much information as possible

INFORMATION PROVIDED BY

Name of Agent, Peer Support Member or Chaplain :

Title, Duty Station, Sector :

Email : _____

Phone Number : _____ Sector Address : _____

I hereby state that all the information provided is true and correct to the best of my knowledge:

Signature : _____

ASSISTANCE CHECK DELIVERY INFORMATION

Check Payable to : _____ Relationship to Agent/Employee : _____

Address : _____ Check Recipient Email : _____

Person Delivering Check (if not mailed directly to beneficiary or agent or employee) :

Name of Agent, Peer Support Member or Chaplain delivering check

Title, Duty Station, Sector

Additional information or comments :

BORDER PATROL FOUNDATION USE ONLY

Date Received : _____

Note:

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.