



# 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 : Please select only one per request  Agent Death On-Duty  Agent Death Off-Duty  Employee Death  Dependent Death

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, actual travel expenses, leave status, insurance coverage, childcare expenses, treatment plan, and any other information on circumstance. **NOTE:** This form does not cover every possible circumstance. Please provide as much information as you can.



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.