



HEARTS OF GOLD
POLICE FAMILY OUTREACH FOUNDATION
APPLICATION FOR ASSISTANCE

We're there and We Care

REQUESTING ASSISTANCE:

1. Before completing an application for assistance, please review the current Operating Procedures to ensure that you and/or your situation qualifies for assistance. The most current version of Operating Procedures can be located on the share drive in the Hearts of Gold Folder (S:/HeartsofGold/Bylaws and Operating Procedures). See below for a brief synopsis of the applicable section(s) of Operating Procedures.
2. Once Operating Procedures have been reviewed, complete this application. Please complete all sections of the application. Omitting information or not being thorough may cause delays in your application being reviewed.
3. It is recommended that any supporting documentation you have be attached to the application.
4. Email your completed application to **info@tucsonheartsofgold.org**
5. Once an application is received it is redacted and then given to the Hearts of Gold Police Family Outreach Executive Committee. The Executive Committee will determine if the application is approved and the applicant will be notified in either case. This entire process may take up to two weeks, so please be patient. We know your situation is very important to you and make every effort to complete the review and notification process as quickly as possible.
6. If your request is urgent and needs to be reviewed within 48 hours, please indicate that in the subject field when you email the application.

OPERATING PROCEDURES:

The Operating Procedures outline the circumstances and situations that qualify for assistance. The Executive Committee will adhere to these procedures when evaluating applications for assistance. If your situation does not meet the requirements, your application may not be approved. Please check the share drive, as indicated above for the entire text, however, below is an excerpt from the Operating Procedures:

1. Qualified Participant:

- a. Any current Tucson Police Department employee who has been contributing to the Foundation for a minimum of ninety (90) days and is in current contributing status.
 - b. Any past Tucson Police Department employee whose employment was transferred to another City Department through no fault of their own as a result of City Departmental restructuring, who has been contributing to the Foundation for a minimum of ninety (90) days and is in current contributing status. That individual may remain a qualified participant as long as they continue making contributions.
 - c. In the event of a layoff, a qualified participant who has been contributing for the previous twelve (12) consecutive months before separation shall remain eligible for Hearts of Gold benefits for a period of three (3) months after the date of separation.
 - d. Any retired member of the Tucson Police Department (PSPRS eligible or medical) who was a contributing participant at the time of their retirement and who had been in current contributing status at least ninety (90) days immediately prior to their retirement effective date. Retirees shall remain eligible qualified participants for a period of five (5) years after retirement or until age 65 whichever comes first.
 - e. At the discretion of the Hearts of Gold Board of Directors, a participant who is not in current contributing status due to Leave Without Pay related to the qualifying catastrophic event, may still be considered for assistance.
- 2. The need for assistance has evolved from an incident arising due to death, disability, illness, injury or some other catastrophic circumstance not related to employment status or vagaries of the economy;** including assistance for non-traditional therapies, and that the circumstance which caused the need occurred while they were employed as a member of the Tucson Police Department.
- 3. That the need for assistance is specifically for the qualified participant or their dependent family member; or that the need is related to the death of another immediate family member.** On a case by case basis, situations regarding a qualified participant's family that are outside the stated parameters may be considered at the discretion of the Executive Committee.
- 4. That the catastrophic circumstance has caused or will cause a financial hardship for the qualified participant and the application for assistance details the hardship.**

QUALIFIED PARTICIPANT INFORMATION

Last Name: First Name: MI:
Payroll Number (PR): Personal Email:
Address: City: Zip:
Phone #: Cell#:

ASSISTANCE AMOUNT

Amount Requested:

DOCUMENTATION

It is highly recommended that documentation be attached to your request. Documentation could include bills, past due notices, etc. Indicate which documents are attached or write 'N/A':

ASSISTANCE REQUEST - NARRATIVE

Please describe your reason for requesting assistance. In order for the Executive Committee to truly understand your situation, please be as specific as possible when articulating your need for assistance. These elements should be included in your narrative: What do you need? Why do you need it? Do you have documentation? Any other information you wish to provide to facilitate your request.

STATEMENT OF TRUTHFULNESS

All of the information supplied in the application is true and correct.*

Applicant Name – Print

Applicant Signature

Date

*Any person who knowingly or intentionally presents a false or fraudulent claim for assistance or supplies misleading information is subject to criminal and civil penalties.

EXECUTIVE COMMITTEE REVIEW

___ Approved Amount: \$_____

_____ Less or more than requested amount

___ Not Approved

Date of Review: _____

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

EXECUTIVE COMMITTEE COMMENTS - MANDATORY

TRACKING

Date Received:

Date Redacted:

Date Executive Committee Review:

Applicant Notified By:

Date Applicant Notified: