



**Iowa State Police Association Officer Assistance Program**

**Confidential**

**ASSISTANCE REQUEST FORM**

Donation: \$ \_\_\_\_\_

Member Since: \_\_\_\_\_

Local #: \_\_\_\_\_

*FOR OFFICE USE*

DATE OF INCIDENT / INJURY: \_\_\_\_\_

APPLICANT CELL PHONE #: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_

CHILDREN'S NAMES & AGES: *(Living in the home)*

\_\_\_\_\_

AGENCY: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

REASON FOR REQUEST: *(describe need, nature and associated costs/expenses)*

Amount Requested \$ \_\_\_\_\_ (**\$100 minimum to \$1,250 maximum**)

**REFERRING PERSON INFORMATION**

NAME: \_\_\_\_\_ CELL#: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ AGENCY: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

ISPA MEMBER: Yes \_\_\_ No \_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

*Please submit completed form to [Ispaonline@gmail.com](mailto:Ispaonline@gmail.com) with Subject Line: Officer Assistance Program*