



Correctional Professionals Assistance Fund of Indiana Application

Applicant's name: _____ Primary phone number: _____

Address: _____ E-mail address, if applicable: _____

Current facility and job title: _____ Date of hire: _____

Name of spouse, children's names and ages, and any other dependents including name, age and relationship who may reside with the IDOC employee

Description of the incident and resulting loss, including applicable photos and documentation.

Is applicant able to continue working? _____
If not, please describe, including last day worked and estimate date of return.
Describe any immediate family need:

Does the applicant have access to any other assistance, financial aid, insurance, or other type of help to cover the need? _____

If approved, to whom would the assistance be delivered? _____

Fill out application and send to your Superintendent
Or fax it to;
Correctional Professionals Assistance Fund of Indiana
Fax #317-232-6798