

# Correctional Professionals Assistance Fund of Indiana



## Employee Assistance Application

Applicant's Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Facility and Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?

\_\_\_\_\_

**Email completed application to CPAFI Secretary**

**Emily Fajardo**  
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