

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 and [W9](#) to CPAFI Secretary

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