



RIVERSIDE COUNTY DEPUTY SHERIFF
RELIEF FOUNDATION

APPLICATION FOR ASSISTANCE

NAME OF APPLICANT: _____
(PERSON / ORGANIZATION TO RECEIVE ASSISTANCE)

APPLICANT CITY OF RESIDENCE: _____

APPLICANT PHONE: _____

SPONSOR: _____ TELEPHONE: _____
(IF DIFFERENT FROM APPLICANT)

TYPE OF ASSISTANCE REQUESTED:

MONETARY (FIXED AMOUNT OR RANGE) \$ _____

OR OTHER: _____

HAVE YOU RECEIVED PREVIOUS ASSISTANCE FROM THE RELIEF FOUNDATION? YES NO
IF YES, WHEN: _____

ARE YOU CURRENTLY AWOP, OR DO YOU EXPECT TO BE AWOP IN THE NEXT FOUR WEEKS? YES NO

IS THIS RELATED TO WORKER'S COMPENSATION? YES NO

ARE YOU RECEIVING ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)

- CLEA (LEU LONG/SHORT TERM DISABILITY)
- SEDGWICK (PSU SHORT TERM DISABILITY)
- WORKER'S COMPENSATION (LC 4850)
- TEMPORARY DISABILITY (WORKER'S COMPENSATION)

- MEDICAL PREMIUM WAIVER ASSISTANCE (RSA BENEFITS)
- COUNTY CATASTROPHIC TIME BANK
- SECONDARY SOURCE OF INCOME:

SOURCE

When complete, return this form and any documents to Julie Kelley, RSA Executive Assistant, via email Julie@rcdsa.org or fax (951) 653-1943. For contact via phone, call (951) 653-5152.

**DESCRIBE NATURE OF CRISIS LEADING TO REQUEST
(ATTACH ADDITIONAL SHEETS IF NECESSARY).**

***IF REQUESTING FUNDS FOR YOURSELF, PLEASE INCLUDE A LIST OF WHAT
THE RELIEF FOUNDATION FUNDS WILL BE USED FOR.***

Lined area for notes or comments, consisting of approximately 25 horizontal lines.

FOUNDATION USE ONLY

DATE RECEIVED _____

REVIEWED _____

RESULT _____

CERTIFIED BY _____