



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: _____

DO YOU CURRENTLY DONATE OR HAVE YOU PREVIOUSLY DONATED TO THE RELIEF FOUNDATION? (THIS
WILL HAVE NO IMPACT ON THE OUTCOME OF YOUR APPLICATION) YES NO

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)

COUNTY CATASTROPHIC TIME BANK

SEDGWICK (PSU SHORT TERM DISABILITY)

SECONDARY SOURCE OF INCOME:

WORKER'S COMPENSATION (LC 4850)

TEMPORARY DISABILITY (WORKER'S
COMPENSATION)

*In the event the person for whom the funds are being collected or held for cannot accept the funds due to
death, incapacitation or other extenuating circumstances, the following person is the named beneficiary:*

Name: _____ Relationship to Applicant: _____

Address: _____

Telephone: _____

*Funds will be held for said beneficiary for a period of up to one year, after which time the
unused/uncollected funds will be forfeited to an RCDSRF-held forfeiture fund, and ultimately deposited back
into the RCDSRF general fund.*

