



**HEARTS OF GOLD**  
**POLICE FAMILY OUTREACH FOUNDATION**  
**APPLICATION FOR ASSISTANCE**

*We're there and We Care*

**REQUESTING ASSISTANCE:**

1. Before completing an application for assistance, please review the current Operating Procedures to ensure that you and/or your situation qualifies for assistance. The most current version of Operating Procedures can be located on the share drive in the Hearts of Gold Folder (S:/HeartsofGold/Bylaws and Operating Procedures) and on our website at [www.tucsonheartsofgold.org](http://www.tucsonheartsofgold.org). See below for a brief synopsis of the applicable section(s) of Operating Procedures.
2. Once Operating Procedures have been reviewed, complete this application in its entirety. Omitting information or not being thorough may cause delays in your application being reviewed.
3. **All applications must include supporting documentation (receipts, bills, etc.) and a detailed and thorough explanation of the circumstances creating the financial hardship. Applications missing this or other pertinent information or documentation may be delayed or denied.**
4. Email your completed application to [info@tucsonheartsofgold.org](mailto:info@tucsonheartsofgold.org).
5. Once an application is received it is redacted and then presented to the Hearts of Gold Police Family Outreach Board of Directors at their next regularly scheduled Board meeting. These meetings take place on the second Tuesday of every month. The Board will determine if the application is approved and the applicant will be notified in either case within 48 hours of the Board meeting.
6. If your request is urgent and needs to be reviewed within 48 hours of submission, please indicate that in the subject field when you email the application.

**OPERATING PROCEDURES:**

The Operating Procedures outline the circumstances and situations that qualify for assistance. The Board of Directors will adhere to these procedures when evaluating applications for assistance. If your situation does not meet the requirements, your application may not be approved. Please check the share drive or website, as indicated above for the entire text, however, below is an excerpt from the Operating Procedures:

**1. Qualified Participant:**

- a. Any current Tucson Police Department employee who has been contributing to the Foundation for a minimum of ninety (90) days and is in current contributing status.
- b. Any past Tucson Police Department employee whose employment was transferred to another City Department through no fault of their own as a result of City Departmental restructuring, who has been contributing to the Foundation for a minimum of ninety (90) days and is in current contributing status. That individual may remain a qualified participant as long as they continue making contributions.
- c. In the event of a layoff, a qualified participant who has been contributing for the previous twelve (12) consecutive months before separation shall remain eligible for Hearts of Gold benefits for a period of three (3) months after the date of separation.
- d. Any retired member of the Tucson Police Department (PSPRS eligible or medical) who was a contributing participant at the time of their retirement and who had been in current contributing status at least ninety (90) days immediately prior to their retirement effective date. Retirees shall remain eligible qualified participants for a period of five (5) years after retirement or until age 65 whichever comes first.
- e. At the discretion of the Hearts of Gold Board of Directors, a participant who is not in current contributing status due to Leave Without Pay related to the qualifying catastrophic event, may still be considered for assistance.

**2. The need for assistance has evolved from an incident arising due to death, disability, illness, injury or some other catastrophic circumstance not related to employment status or vagaries of the economy;** including assistance for non-traditional therapies, and for current employees, that the circumstance which caused the need occurred while they were employed as a member of the Tucson Police Department. The last stipulation does not apply to retiree participants.

**3. That the need for assistance is specifically for the qualified participant or their dependent family member; or that the need is related to the death of another immediate family member.** On a case by case basis, situations regarding a qualified participant's family that are outside the stated parameters may be considered at the discretion of the Board of Directors.

**4. That the catastrophic circumstance has caused or will cause a financial hardship for the qualified participant and the application for assistance details the hardship.**

**QUALIFIED PARTICIPANT INFORMATION**

Last Name:

First Name:

MI:

Payroll Number (PR):

Personal Email:

Address:

City:

Zip:

Phone #:

Cell#:

**ASSISTANCE AMOUNT**

Amount Requested (it is required that you provide a specific amount you are requesting):

**DOCUMENTATION**

**It is required that documentation be attached to your request.** Documentation could include bills, estimates, past due notices, receipts if requesting reimbursement, etc. Indicate which documents are attached or write 'N/A':

**ASSISTANCE REQUEST - NARRATIVE**

Please describe your reason for requesting assistance. Please specify what you need and why you need it. ***All applications must include a detailed and thorough explanation of the circumstances creating the financial hardship. Applications missing this or other pertinent information or documentation may be delayed or denied.*** Please attach additional pages if needed.

**STATEMENT OF TRUTHFULNESS**

All of the information supplied in the application is true and correct.\*

\_\_\_\_\_  
Applicant Name – Print\_\_\_\_\_  
Applicant Signature\_\_\_\_\_  
Date

\*Any person who knowingly or intentionally presents a false or fraudulent claim for assistance or supplies misleading information is subject to criminal and civil penalties.