

"C.O.P.S. KIDS" APPLICATION

Parent or Guardian Name _____
Last First M Initial

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Do you have other insurance that will pay a portion of the counseling fees? _____

If yes, please provide information on this coverage: _____

Patients Name: _____
Last First M Initial

Patients Date of Birth: _____ (Attach copy of birth certificate or other proof of age)
(MM/DD/YEAR)

Name of Patient's Counselor/Doctor: _____
Last First

Mailing Address _____ City _____

State _____ Zip Code _____ Office Phone _____

Deceased Officer's Name: _____ Date of Death: _____

Department: _____ Address _____

City _____ State _____ Zip Code _____

Was this a line-of-duty death? _____

I understand that the "C.O.P.S. Kids" program is designed to assist with the counseling fees for children of officers whose deaths are considered "In the Line-of-Duty" as determined by the FBI and the Public Safety Officers' Benefits Act and that C.O.P.S. may have to contact the above police department to verify this fact.

Date

Signature of Parent or Guardian