



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS FOUNDATION

# BURN FUND ASSISTANCE APPLICATION

IAFF Burn Fund Assistance is awarded for the purpose of providing financial assistance for temporary emergency expenses for IAFF members and/or a member of their immediate family (spouse or children) who suffers a burn injury that requires \*admission to a burn center. The assistance is determined by the chair of the IAFF Foundation.

\* Admission is considered greater than 24 hours

## PERSONAL INFORMATION FOR IAFF MEMBER REQUESTING ASSISTANCE:

IAFF Local Number: \_\_\_\_\_ IAFF Membership Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Number and Street Apt/Unit #  
\_\_\_\_\_  
City State ZIP

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PERSONAL INFORMATION FOR THE INJURED IF NOT THE MEMBER:

Relationship to the member: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

## INCIDENT INFORMATION:

Date of injury: \_\_\_\_\_

Name of Burn Center: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

## DESCRIPTION OF INJURY AND FINANCIAL HARDSHIP:

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Upon receipt of the completed application; and after verification of the member's need, the IAFF will issue a check which will be disbursed in the most direct and expeditious manner taking into account the instructions of the IAFF Local president.

## MEMBER'S DIRECT DEPOSIT INFORMATION:

Bank Name Account Number Routing Number

\*A member is only eligible for assistance if he/she or a member of their immediate family (spouse or child) suffered a burn injury that required admission to a burn center. The member must provide evidence of the need for assistance (e.g., description of injury and injured party), details on anticipated expenses for which the member needs assistance (e.g., travel and lodging for the closest burn center), and/or receipts for expenses already incurred. Disbursements shall only be granted for the immediate family for travel, housing, food, and other similar assistance as deemed appropriate. Funds are NOT awarded for minor injuries that do not require admission to a burn center. Burn Fund assistance is not intended to replace lost income.

**LOCAL AFFILIATE INFORMATION:**

President's Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Number and Street Apt/Unit #  
\_\_\_\_\_ City State ZIP

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**OFFICER RESPONSIBILITY BELOW THIS LINE:**



**LOCAL PRESIDENT (OR IAFF DVP) VERIFICATION AND APPROVAL:**

President/DVP Name: \_\_\_\_\_ President/DVP Phone Number: \_\_\_\_\_

**As the president/officer of the IAFF Local (or the applicable IAFF District Vice President) to which the above applicant is a member in good standing, I verify the accuracy of the member's claim for IAFF Burn Fund financial assistance, the member's banking information as required by IAFF policy, and request that the funds are awarded as requested below.**

- SENT TO ME, AND I WILL PRESENT TO THE MEMBER.
- SENT TO OR DEPOSITED IN MY MEMBER'S BANKING ACCOUNT (WHEN INFORMATION PROVIDED)

\_\_\_\_\_  
Sign and Check Box Above if Approved

All applications for assistance must be submitted within 14 days from the date of discharge from the burn center using the IAFF Burn Fund Assistance Application Form. All applications shall be submitted by the IAFF member's Local president. The IAFF Local president shall verify the accuracy for the member's claim for Burn Fund financial assistance.

**All applications for Burn Fund financial assistance shall be sent to the IAFF District Vice President where the member is affiliated or to the District Vice President's designated Burn Coordinator.**