

# Douglas County Responders First Foundation Request Form



I was a first responder, emergency medical personnel or law enforcement personnel involved in the response to the tragedy at the UCC campus on October 1, 2015.

Agency Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_ (Please Print)

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of funds requested with receipts attached: \_\_\_\_\_

Describe the reason you are requesting the funds. Applications should include documentation of expenses or estimates of costs (receipts, credit card or bank statements, etc.).

- A. Health and Mental Health care not otherwise covered
- B. Rehabilitation, medical devices, home modifications, and related needs associated with physical recovery.
- C. Travel and personal needs costs associated with caring for victims and their families.
- D. Compensation for other direct costs will be considered on a case-by-case basis and must be explained in the application process.

I swear under penalty of perjury that the information contained in this document is true and correct. By signing this document, I give Douglas County Responders First Foundation permission to verify my eligibility and the facts in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any questions should be directed to:

Greg Marlar  
Chairperson  
Douglas County Responders First Foundation  
(541) 440-7622

Please return to: DC Responders First Foundation  
PO Box 1166  
Roseburg, Oregon 97470