



*Serving firefighters, their families  
and their communities*

## **CALIFORNIA FIREFIGHTERS BENEVOLENT FUND RELIEF APPLICATION**

The California Firefighters Benevolent Fund provides assistance and support to California firefighters displaced or impacted by fire or disaster (to include fire, earthquake, flooding, landslides/mudslides), firefighters injured or killed in the line of duty, and families of fallen firefighters.

### **Benefit Levels:**

1. **Loss or damage to primary residence.** California firefighters who have been impacted by fire or other disaster with a minimum of 25% damage to the primary residence. Only one request will be considered per residence. Applications must be submitted within 60 days of the fire or disaster. Eligible firefighters will receive a \$1,000 check for immediate relief.
2. **Line of duty injury.** This benefit is for active line of duty injuries that are directly related to delivering emergency services (to include training injuries) and not intended for long-term cumulative workers compensation injuries or illnesses that manifest themselves over time. Hospital admittance of at least 48 hours is required for eligibility. \$1,000 will be distributed for the first 48 hours to 6 days of hospitalization, with an additional \$500 per week up to a maximum of \$5,000.
3. **Line of duty death.** The line of duty death benefit is designed for line of duty deaths (as determined by the employing agency), that occur directly related to providing emergency services or training. A letter from the Fire Chief ([view/download template letter](#)) stating the death was job-related or proof of workers' compensation (or other documentation) showing that the death was occupationally-related is required. Eligible firefighters' next of kin will receive \$5,000.
4. **Behavioral health.** At the recommendation of the Executive Director and approval of the Benevolent Fund Advisory Committee, a grant may be awarded to assist firefighters with job related behavioral health issues that require in-house care of hospitalization. Such grants are limited to no more than \$7,500 and will be reported to the Board of Directors consistent with the Health Insurance Portability and Accountability Act (HIPAA) Regulations.

Applications will be considered on a rolling basis, and you will receive email confirmation upon receipt and review of your application. Applications must be verified and signed by leadership from your local or fire department.

**Please submit this application, along with supporting documentation (i.e. pictures, medical records, letter from Fire Chief) to the California Fire Foundation by emailing [benevolent@cpf.org](mailto:benevolent@cpf.org).** Please call the Foundation at 800-890-3213 with questions.

Firefighter Personal Information	
1. Name	
2. Address	
3. City	
4. State	
5. Zip	
6. Phone	
7. Email	
8. Fire Department	
9. Fire Station	
10. Fire District	
11. Fire Type	
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Name: \_\_\_\_\_

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

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

Fire Department & Title: \_\_\_\_\_

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

*For Line of Duty Death*

Firefighter's spouse or next of kin:	Phone:
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Firefighter's spouse or next of kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

Incident Description
<p>On 11/11/2024, a 2015 Ford Focus was involved in a rear-end collision with a 2018 Toyota Camry. The Ford Focus was traveling southbound on Highway 101, and the Toyota Camry was traveling northbound. The collision occurred at the intersection of Highway 101 and Highway 101.</p> <p>The driver of the Ford Focus, [REDACTED], was not injured. The driver of the Toyota Camry, [REDACTED], was not injured. The vehicle damage was moderate to severe.</p> <p>The investigation is ongoing, and the results will be provided as soon as they are available.</p>

Please select the qualifying incident below:

- ☐ Loss or damage to primary residence
  - ☐ Line of duty injury
  - ☐ Line of duty death
  - ☐ Behavioral health

Was your loss due to a specific wildfire or natural disaster? If yes, please include date, name and/or description below:

Please describe your qualifying loss or hardship for a California Firefighters Benevolent Fund Award:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is a vertical margin line on the left side, creating a narrow left margin. The paper appears to be a standard notebook or ledger page.



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#### Mailing Information

Mailing address you wish to receive these funds at:

(List address): \_\_\_\_\_

#### Verification

##### Applicant Verification:

☐ I attest that the information in this application is true and accurate.

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

Printed name: \_\_\_\_\_

##### Fire Department Verification:

☐ I attest that the information in this application is true and accurate.

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

Printed name: \_\_\_\_\_

Position: \_\_\_\_\_

#### **\*\*CALIFORNIA FIRE FOUNDATION USE ONLY\*\* - Executive Director Review**

☐ Approved ☐ Denied

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

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

California firefighters are eligible for assistance if they had a loss due to the eligibility criteria listed above. Applicants must provide evidence and documentation for their claim as requested by the California Fire Foundation. Funds are NOT awarded for property repairs, renovation or construction. Funds are also NOT for replacement of food after loss of power NOR are funds awarded to those who were required to evacuate their homes prior or during the disaster but where catastrophic damage did not occur.