



Alabama Correctional Employee Support Fund

Application for Support

Documentation will be needed for consideration.
(i.e. damage report, photos, bills, insurance claims, medical documents)

Date: _____ Applicant's Name: _____

Applicant's Phone Number: (_____) _____ E-Mail: _____

ADOC Employee: ___ Current ___ Retired

ADOC Facility / Division: _____ Job Title: _____

Warden / Supervisor: _____ Work Phone # (_____) _____

Other Law Enforcement Employee: ___ Law Enforcement Entity: _____

Charitable Organization Name: _____

Applicant Address: _____ City/State/Zip: _____

Spouse Name: _____ Occupation: _____

Children's Names and Ages (Living in the Home) _____

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Reason for Assistance: (illness, natural disaster, accidental death, general hardship, etc.) \_\_\_\_\_

What do you need help with? **(Documentation needed for consideration.)** \_\_\_\_\_

\_\_\_\_\_

More Details of Loss and/or Need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### INSURANCE INFORMATION

Insurance Carrier/Account Number: \_\_\_\_\_

Deductible / Out of Pocket Expense: \_\_\_\_\_

Non-Covered Expenses: \_\_\_\_\_

Have you received FEMA assistance? If so provide details: \_\_\_\_\_

Send To:

**Alabama Correctional Employee Support Fund**  
**c/o Erica Endress, Commissioner's Office**  
**301 South Ripley St.**  
**Montgomery, Al 36104-4425**  
**Phone: 334 353 9989 ~ Fax: 334 353 9740**  
**erica.endress@doc.alabama.gov**