

Send To:

Alabama Correctional Employee Support Fund <u>Application for Support</u>

Date	Applicants Home Phone # ()
Applicant's Name	E-Mail
ADOC Employee:Current	Retired
ADOC Facility / Division:	Job Title:
Warden / Supervisor	Work Phone # ()
Other Law Enforcement Employee	eLaw 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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	INSURANCE INFORMATION
Insurance carrier/account number	 ·
Deductible or out of pocket expen	se:
Non-covered expenses:	
Have you received FEMA assistar	nce? If so provide details:

Alabama Correctional Employee Support Fund c/o Glen Casey, ADOC Research & Planning 301 South Ripley St. Montgomery, Al 36104-4425 Phone: 334 353 9504 ~ Fax: 334 353 9740 glen.casey@doc.alabama.gov