

# Oregon DOT Memorial Foundation Request for Financial Assistance

Name of ODOT Employee: \_\_\_\_\_

Team/Location of Employment: \_\_\_\_\_

Name Of Applicant: \_\_\_\_\_

Relationship to ODOT Employee: \_\_\_\_\_

## Contact information of Applicant:

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

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

Email address: \_\_\_\_\_

## Reason for Request:

☐ **Line of Duty Death**

*(Assistance for mortuary/crematorium or cemetery costs; rent, utilities or other interim living expenses for surviving spouse and immediate family).*

☐ **Line of Duty Injury**

*(Assistance for temporary hotel accommodations and living expenses for immediate family during hospitalization; lost wages as appropriate).*

☐ **Emergency Financial Assistance**

*(Assistance to employee during a catastrophe or emergency such as a fire, accident or death in the family).*

## Explanation for Request: *(attach more pages if needed).*

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## Documentation of Expenses: *(provide explanation and attach copies of receipts or estimates sufficient to support request).*

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## Signature of Applicant

*By signing, I verify that everything submitted is true to the best of my knowledge.*

\_\_\_\_\_  
Name printed

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

**Email completed forms to: [ODOTMF@gmail.com](mailto:ODOTMF@gmail.com)**

*The Board of Directors of the ODOTMF will determine each request on a case-by-case basis. Each determination is final.*