



1135 Professional Court  
Hagerstown, MD 21740

Phone: 301-790-3930  
Fax: 301-790-2941

### Application Form for Corrections Staff Relief Fund

Please complete this form, sign and date it and return it with a letter from your sheriff or administrator verifying your eligibility for this financial assistance.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Rank: \_\_\_\_\_ Position or Title: \_\_\_\_\_

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

County: \_\_\_\_\_ State: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

On a separate page, please explain how you or a family member were impacted by the COVID-19 virus. Please be specific as to how you contracted it, how long you were ill, what impact it had on you and your family, etc.

Dates of illness: From: \_\_\_\_\_ to \_\_\_\_\_

Were you able to have paid time off:      Yes      No

If no, please explain: \_\_\_\_\_

Have you sought financial assistance from other agencies or non-profits?      Yes      No

If yes, how many \_\_\_\_\_ and were you awarded assistance      Yes      No

Did you or anyone in your household test positive for COVID-19      Yes      No

What were your duties during the COVID-19 pandemic?

Did anyone in the household lose their employment due to the COVID Pandemic?

Yes      No



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This assistance will be awarded to anyone that is assigned to a jail during the pandemic.  
(civilians and officers)

\$500.00 benefit for a death (confirmed through agency and to see whom will be the beneficiary)

\$250.00 for hardships approved by committee.

I attest and confirm that the above information is true and correct and that I am eligible  
for financial assistance from this fund:

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

Please include a letter from your sheriff or administrator verifying your eligibility and  
return it with your application. Your application can be submitted the following ways.

**Mail:**  
**Corrections Staff Relief Fund**  
c/o American Jail Association  
1135 Professional Court  
Hagerstown MD 21740  
**Email:** [Relief@aja.org](mailto:Relief@aja.org)  
**Fax:** 301-790-2941

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

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