

# Appendix



# Chief-to-Chief Network Participant Profile

## Personal Information

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

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

\_\_\_\_\_

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

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Information About Your Department

If your experience with a line-of-duty death occurred while you were with another department, please complete both columns:

	<u>Current Department</u>	<u>Previous Department</u>
Circle the one that best represents the department/agency type.	career   volunteer combined   state	career   volunteer combined   state
In what state/region is the department or agency located? Below is a list of the regions and the states in each region.		
What is the population the department/agency serves?	0-9,999 10,000-49,999 50,000-99,999 100,000-199,999 200,000 and Up	0-9,999 10,000-49,999 50,000-99,999 100,000-199,999 200,000 and Up

### Region

Eastern  
Great Lakes  
Missouri Valley  
New England  
Southeastern  
Southwestern  
Western

### States

DC, DE, MD, NJ, NY, PA  
IL, IN, MI, MN, OH, WI  
CO, IA, KS, MO, NE, ND, SD, WY  
CT, ME, MA, NH, RI, VT  
AL, FL, GA, KY, MS, NC, SC, TN, VA, WV  
AR, LA, NM, OK, TX  
AK, AZ, CA, HI, ID, MT, NV, OR, UT, WA



# Financial Benefits Checklist

Consider each of the following benefits. Do families of your department members have access to them? If so, do you know how to access the benefits? Some of these are individual benefits. Does your department have personnel records that reflect these? If you are unsure about a certain benefit, jot down notes for yourself here, then follow up by getting further information when you return home.

Source of Benefit	Is this available to your firefighters?			Notes/Action Needed
	Yes	No	Need More Info	

## Federal

Public Safety Officers' Benefits Program				
Scholarships for surviving children/spouse				
Social Security Death or Disability				
Victims Assistance Program				
Veterans' Benefits				

## State Government

Burial Allowance				
Death Benefit				
State Insurance				
Education Benefits for Children				
State Tax Benefits				
Victim's Assistance Program				
Workmen's Compensation Plan				

**Local Government**

Department Insurance				
Education Benefits for Children				
Education Benefits for Spouses				
Employee Assistance Program				
Pension Plan				
Final Paycheck				

**Non-Profit**

Education Benefits for Children				
Education Benefits for Spouses				
Booster Club, 100 Club, Heroes, Blue Coats, etc.				

**Employee Data Sheet**

Name of Deceased: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Assigned Company: \_\_\_\_\_ Shift: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Time of Death: \_\_\_\_\_

Location of Death: \_\_\_\_\_

Brief Summary: \_\_\_\_\_

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Note: This information, except for home telephone number, should be made available for release to media, departmental members, and various outside agencies. Also, provide departmental photograph to media. Public Information Officer (PIO) should be contact point for outside agencies or fire departments.



# Fire/EMS Department Funeral Guidelines

Funeral Service for: \_\_\_\_\_ Date: \_\_\_\_\_

	ITEM	ASSIGNED TO	NOTES
1.	<b>Honor Guard Stand By</b> As needed dependant upon protocols and level of service.		
2.	<b>Active Pallbearers</b> Six Personnel		
3.	<b>Honorary Pallbearers</b> Family, Company Officer, Retirees, etc		
4.	<b>Funeral Detail</b> Uniformed Personnel		
5.	<b>Bugler</b>		
6.	<b>Flag for the Casket</b>		
7.	<b>Briefings</b> Departmental personnel role in the funeral		
8.	<b>Survey areas</b>		
	funeral service		
	placement of attending personnel		
	fire/EMS equipment		
	provide information and maps		
9.	<b>Designate rooms</b>		
	family and dignitaries		
	honor guard preparation		
10.	<b>Meeting area</b> away from funeral site for all uniformed personnel to assembly		
11.	<b>Badge Covers</b>		
12.	<b>Casket transportation – vehicle</b>		
13.	<b>Maps for out-of-town</b>		
	locations of fire stations		
	Funeral home		





# Employee Emergency Contact Information

The information that you provide will be used ONLY in the event of your serious injury or death in the line of duty. Please take the time to fill it out fully and accurately because the data will help the department take care of your family and friends.

## PERSONAL INFORMATION

Last Name	First Name	Middle Name
Home Address		
City	State	Zip
Phone Number		
(     )		

## CONTACT INFORMATION

Family or friends you would like the department to contact. Please list in the order to contact. Provide additional names on the back of this sheet.

**NOTE: If the contact is a minor child, please indicate the name of the adult to contact.**

Name
Relationship
Home Contact Information
Address:
Phone:
Work Contact Information
Name of Employer:
Address:
Phone:
Pager/Cell phone:
Special Circumstances, i.e. health, age, etc.

List names and dates of birth of all of your children.	
Name:	DOB:
Name:	DOB:
Name:	DOB:

List the department member(s) you would like to accompany a chief fire officer to make the notification.
Name:
Name:

List anyone else you want to help make the notification. (for example, your minister)
Name:
Relationship:
Home Contact Information
Address:
Phone:
Pager/Cell phone:
Work Contact Information
Name of Employer:
Address:
Phone:
Pager/Cell phone:

## OPTIONAL INFORMATION

Make sure someone close to you knows this information.

Religious Preferences
Religion:
Place of Worship:
Address:

Are you a veteran of the U.S. Armed Services?	yes	no
If you are entitled to a military funeral, do you wish to have one?	yes	no
Do you wish to have a fire service funeral?	yes	no

Please list your membership in fire service, religious, or community organizations that may provide assistance to your family:

Do you have a will? <span style="float: right;">yes    no</span>
<b>If yes, where is it located?</b>

Please list any insurance policies you have:			
<table border="0" style="width: 100%;"><tr><td style="text-align: center;"><u>Company</u></td><td style="text-align: center;"><u>Policy Number</u></td><td style="text-align: center;"><u>Location of Policy</u></td></tr></table>	<u>Company</u>	<u>Policy Number</u>	<u>Location of Policy</u>
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Special Requests

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# Line-of-Duty Death Response Guidelines

## Fact Sheet

Vital Information	Yes	No	Follow-up
Number of firefighters killed			
1.			
2.			
3.			
4.			
5.			
6.			
Number of firefighters injured			
1.			
2.			
3.			
4.			
5.			
6.			
Survivors			
1.			
2.			
3.			
4.			
5.			
Type of incident			
Is the fire out?			
Has the body been recovered?			
Has an autopsy been conducted?			
Does the coroner have a copy of the firefighter's autopsy protocol?			
Did you explain the importance of an autopsy for the PSOB?			
Has a CISM program been requested?			
Has the chief contacted the family to determine their wishes?			
Are there any funeral details available?			
Has an ICS been implemented to manage the funeral and the memorial?			
Has family counseling been arranged?			
Has legal counsel been contacted?			
Will there be adequate station coverage during mourning?			
Is an ICHIEFS delegation desired?			

