



# PHYSICAL & PPE REIMBURSEMENT FORM

12/22/2024- 12/21/2028

WestCoFire3

To request reimbursement for Physicals and PPE please complete this form and enclose all required items listed below. Send the completed packet to [jessica@volunteerfirefighter.org](mailto:jessica@volunteerfirefighter.org)

### **Volunteer Information:**

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

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Hire Date: \_\_\_\_\_

### **Department Information:**

Department : \_\_\_\_\_

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

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

Number of Active Volunteers in Your Department: \_\_\_\_\_

### **Funds that You Are Requesting:**

### **Amount Total**

NFPA 1582 Compliant Physical \$ \_\_\_\_\_

PPE \$ \_\_\_\_\_

Total Amount Requested for this Volunteer: \$ \_\_\_\_\_

**Please Make Check Payable to:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Reimbursement:** Include all required documents with this form prior to submitting.

Please ensure that Volunteers meet the necessary criteria for reimbursement.

Check the box next to each document submitted with this request.



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## **Physical, required documents:**

- Completed NFPA 1582 Physician Sign Off Form or Fit for Duty signed form.
  - *Reimbursable Up-to \$800 per NFPA 1582 physical examination.*
  - *\$516 is a set negotiated rate with [Mobile Health Services](#). Call to book your appointment.*
  - *You may use your own Primary Care Provider to complete this physical.*
  - *Inoculations may be included as part of a physical*
  - *Newly recruited Volunteers must be at least 18 years old to be eligible for this benefit.*
- Invoice for Physical
- Proof of Payment with Volunteer's name referenced.
  - *Credit Card Receipt or a Copy of the Cancelled Check*

## **Personal Protective Equipment, required documents:**

- Invoice for costs of personal protection equipment for new recruit with recruit's name referenced; reimbursable items include boots, pants, coats, gloves, (ANSI)- approved retro-reflective hoods, goggles, and helmets.
- Proof of Payment
  - *Credit Card Receipt or a Copy of the Cancelled Check*
- NFPA 1582 Physician Sign Off form or Fit for Duty Form for the Volunteer.
  - *The newly recruited member must complete or be enrolled in Firefighter-1 level training (or departmental equivalent) prior to receiving reimbursement for PPE.*
  - *Newly recruited members must be "fit for duty" to request grant funds for PPE.*
  - *Up to \$3,725 reimbursement per set of full structural PPE. The ensemble will only be provided to new firefighters recruited after 9/23/2024.*
  - *All invoices must be dated after the start of the grant program 12/22/24.*
  - *All PPE paid for with these grant funds must be delivered to the department before the grant ends on 12/21/2028.*

## **Fire Chief Authorization:**

By signing below, I confirm that the Volunteer listed above is a new recruit since the beginning of the WestCoFire3 Grant has met minimum standards for my department, has received an NFPA 1582 physical and is in good standing with my department.

Signature of Chief: \_\_\_\_\_