



Line-of-Duty Stress Injury Reimbursement Program Application

Applicant Name: _____ Date of Birth: _____
 Fire Department: _____ Firefighter #: _____
 Applicant Address: _____
 Applicant Phone #: _____ Applicant E-Mail: _____

Date of Diagnosis: _____
 Diagnosing Licensed Mental Health Professional: _____
 Address: _____
 Phone #: _____
 Applicant Signature: _____ Date: _____

Sub W-9 Directions

Directions – Page 1:

- Check **New Vendor**
- Write your **Social Security #** on the Federal Tax ID line and check the **SSN** box
- Write your **legal name** as recognized by the IRS
- Underneath Type of Business check **Individual**
- Underneath Business Classification check **None of the Above**
- **Sign and Date**

Directions – Page 2:

- Go to the **remittance** section and provide your **address**
- Fill out the **direct deposit** section
 - Include an **e-mail address** – required for deposit notification
 - *You will receive reimbursement much quicker with direct deposit*
- **Sign and Date**
- **E-mail** application to: fcptsd@kctcs.edu