



Hug-A-Bear Program
 Ohio Troopers Caring
 Fax # - 614.781.7685 or email
caring@ohiotroopers.org



You will not receive a replacement Hug-A-Bear unless this form is properly submitted.

Date	Name of Child	Age	
Name of Parent			
Address		City, State	Zip
Unit Name & Unit #		Post	District

Please provide a brief description of the circumstance regarding the issuance of the Hug-A-Bear:

Please fax (614.781.7685) or email (caring@ohiotroopers.org) this form to receive a replacement Hug-A-Bear. Replacements will be sent via Inter-Office mail to the Unit listed on this form.

Unit Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____