

**INDIVIDUAL EMERGENCY FINANCIAL RELIEF
GRANT APPLICATION FORM AND PROCEDURES
AS OF OCTOBER 6, 2010**



[GUARD SUPPORT OF MASSACHUSETTS, INC.](#)

Emergency Financial Relief grant applications must be verified by the State Family Program Office or the Family Assistance Center Coordinator and emailed to Guard Support at application@guardsupport.org with a copy to maureen.serrecchia@us.army.mil. Attached is a list of the state Family Program Office (FPO) location with telephone number, as well as the State Family Assistance Center (FAC) locations and telephone numbers.

Guard Support of Massachusetts provides emergency support to Massachusetts National Guard Members and their families

- That have used up their eligibility for support for other organizations

or

- That face needs not currently provided for by other organizations

Individual Emergency Financial Relief Assistance that may be provided in **EMERGENCY SITUATIONS** includes, but is not limited to:

- Child care
- Elder care
- Emergency travel expenses relating to serious illness or death
- Funeral expenses
- Home repair (essentials only)
- Housing (rent/mortgage to avoid eviction or foreclosure)
- Internet service (to the extent needed as a method of communication)
- Injury to immediate family members, such as a motor vehicle accident, causing a loss of income or increase in expenses
- Loss of employment
- Medical insurance co-pay
- Telephone (to the extent needed as a method of communication)
- Utilities (past due or to avoid disconnection or non-provision of essentials (electricity, oil etc.))
- Vehicle payments or repairs for essential private owned vehicle

Emergency Grants are limited to \$500 per family per year. Grants may exceed \$500 based on circumstances, but be advised that they are not routinely approved. Grant awards are in the form of check payments to third party payees. Under no circumstances are checks made directly to grant applicant.

GRANTS do NOT have to be repaid.

THE EMERGENCY RELIEF COMMITTEE REVIEWS APPLICANT INFORMATION AND RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED.
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INSTRUCTIONS:

- Applicant must complete the application form in its entirety. (Applicant is the person filling out the application.)
- Do not skip any questions – all questions must be answered (except the optional Race/Ethnicity section).
- Incomplete applications result in processing delays and may be denied.
- Validation Certification must be completed and signed by a designated representative from the Mass. National Guard Family Assistance Center or Family Program Office.
- Include copies of actual bills requested to be paid by the Guard Support with the completed Application. Please be sure that the remittance address and account numbers are provided for all bills.

CALL THE FPO OR FAC IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION.

GUARD SUPPORT OF MASSACHUSETTS, INC. STAFF AND BOARD REVIEWS APPLICANT'S INFORMATION AND RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED.

**GUARD SUPPORT OF MASSACHUSETTS, INC.
EMERGENCY FINANCIAL RELIEF APPLICATION**

1. _____ DATE: _____
YOUR NAME – (APPLICANT) PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME
2. YOUR RELATIONSHIP TO GUARD MEMBER _____ (WRITE SELF IF SAME AS #1)
3. _____ (IF SAME AS #1 WRITE SAME)
GUARD MEMBER'S NAME - PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME
4. IS GUARD MEMBER A DISABLED VETERAN? ____ YES ____ NO ____ PENDING MEDICAL REVIEW (CHECK ONE)
a. IF YES, PERCENT DISABLED AS DETERMINED BY THE VETERANS ADMIN. OR THE DEPT. OF THE ARMY: _____%
5. GUARD MEMBER'S SSN: _____ RANK OR "CIV", IF CIVILIAN _____ ETS DATE: _____
6. GUARD MEMBER'S DATE OF BIRTH: _____ AGE: _____
7. UNIT OF ASSIGNMENT: _____
8. UNIT ADDRESS: _____ CITY/TOWN _____ ZIP: _____
9. MOS: _____ NG JOB TITLE: _____
10. HAS GUARD MEMBER EVER BEEN ACTIVATED WHILE SERVING IN THE MASS. GUARD? ____ YES ____ NO IF NO, SKIP TO #13
11. IF ANSWERED YES IN #10, HOW MANY TIMES HAS GUARD MEMBER BEEN ACTIVATED? _____
12. IF ANSWERED YES IN #10, ENTER THE ACTIVATION DATES AND LOCATION FOR EACH ACTIVATION PERIOD:
 - a. DEPLOYED FROM: _____ (MONTH/DATE/YEAR) TO: _____ (MONTH/DATE/YEAR)
LOCATION : (i.e. STATESIDE FOR ICE STORM, IRAQ, KUWAIT, AFGHANISTAN): _____
 - b. DEPLOYED FROM: _____ (MONTH/DATE/YEAR) TO: _____ (MONTH/DATE/YEAR)
LOCATION : (i.e. STATESIDE FOR ICE STORM, IRAQ, KUWAIT, AFGHANISTAN): _____
 - c. DEPLOYED FROM: _____ (MONTH/DATE/YEAR) TO: _____ (MONTH/DATE/YEAR)
LOCATION : (i.e. STATESIDE FOR ICE STORM, IRAQ, KUWAIT, AFGHANISTAN): _____
 - d. DEPLOYED FROM: _____ (MONTH/DATE/YEAR) TO: _____ (MONTH/DATE/YEAR)
LOCATION : (i.e. STATESIDE FOR ICE STORM, IRAQ, KUWAIT, AFGHANISTAN): _____
13. HOME STREET ADDRESS: _____
TOWN/CITY: _____ STATE: _____ ZIP: _____
14. YOUR PHONE #: HOME: _____ CELL: _____ WORK: _____
15. SPOUSE'S PHONE #: CELL: _____ WORK: _____
16. YOUR GENDER: ____ MALE ____ FEMALE
17. YOUR DATE OF BIRTH: _____ AGE: _____ (SKIP IF YOU ARE GUARD MEMBER– ANSWERED IN #6)

18. YOUR HIGHEST EDUCATION LEVEL ATTAINED: (CHECK ALL THAT APPLY)

___ SOME HIGH SCHOOL – ENTER LAST GRADE COMPLETED: _____ GRADE

___ HIGH SCHOOL GRADUATE – ENTER YEAR GRADUATED _____

___ SOME COLLEGE, COURSES STUDIED _____

- COLLEGE CREDIT HOURS COMPLETED: _____ CREDIT HRS.
- NAME OF ALL COLLEGE(S) OR UNIVERSITY(IES) ATTENDED _____
- DATES ATTENDED _____

___ TECHNICAL SCHOOL OR OTHER TRAINING (NON-COLLEGE):

- NAME OF INSTITUTION(S) ATTENDED _____

___ CERTIFICATE ___ ASSOCIATES DEGREE ___ BACHELOR DEGREE ___ GRADUATE DEGREE ___ POST DOCTORATE DEGREE

- MAJOR _____ DATE DEGREE(S) RECEIVED _____
- LIST COLLEGE(S) OR UNIVERSITY(IES) ATTENDED _____

19. GUARD MEMBER'S HIGHEST EDUCATION LEVEL ATTAINED: (LEAVE BLANK IF GUARD MEMBER IS THE APPLICANT - ANSWERED ABOVE)

___ SOME HIGH SCHOOL – ENTER LAST GRADE COMPLETED: _____ GRADE

___ HIGH SCHOOL GRADUATE – ENTER YEAR GRADUATED _____

___ SOME COLLEGE, COURSES STUDIED _____

- COLLEGE CREDIT HOURS COMPLETED: _____ CREDIT HRS.
- NAME OF COLLEGE(S) OR UNIVERSITY(IES) ATTENDED _____
- DATES ATTENDED _____

___ TECHNICAL SCHOOL OR OTHER TRAINING (NON-COLLEGE):

- NAME OF INSTITUTION(S) ATTENDED _____
- DATES ATTENDED _____

___ CERTIFICATE ___ ASSOCIATES DEGREE ___ BACHELOR DEGREE ___ GRADUATE DEGREE ___ POST DOCTORATE DEGREE

- MAJOR _____ DATE DEGREE(S) RECEIVED _____
- NAME OF COLLEGE(S) OR UNIVERSITY(IES) ATTENDED _____

20. YOUR PERSONAL EMAIL: _____ WORK EMAIL: _____

21. SPOUSE'S PERSONAL EMAIL: _____ WORK EMAIL: _____

22. MILITARY STATUS OF GUARD MEMBER – CHECK ALL THAT APPLY:

FULL TIME TECHNICIAN: ACTIVE GUARD/RESERVE: TRADITIONAL: DEPLOYED:

23. YOUR RACE/ETHNICITY: Please mark the **one box** that describes the race/ethnicity category with which you primarily identify:
(OPTIONAL: DOES NOT IMPACT GRANT DECISIONS. SELECT GUARD SUPPORT FUNDERS REQUIRE THAT WE TRACK GRANTEES BY RACE.)

___ CAUCASIAN (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.)

___ HISPANIC/LATINO (Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures, regardless of ethnicity.)

___ AFRICAN AMERICAN (not of Hispanic origin): Person having origins in any of the black ethnic groups.

___ ASIAN OR PACIFIC ISLANDER (Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.)

___ NATIVE AMERICAN OR ALASKAN NATIVE (Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.)

24. **SPOUSE'S RACE:** Please mark the **one box** that describes the race/ethnicity category that your spouse primarily identifies himself/herself:
(OPTIONAL: DOES NOT IMPACT GRANT DECISIONS. SELECT GUARD SUPPORT FUNDERS REQUIRE THAT WE TRACK GRANTEEES BY RACE.)
- CAUCASIAN** (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.)
- HISPANIC/LATINO** (Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures, regardless of ethnicity.)
- AFRICAN AMERICAN** (not of Hispanic origin): Person having origins in any of the black ethnic groups.
- ASIAN OR PACIFIC ISLANDER** (Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.)
- NATIVE AMERICAN OR ALASKAN NATIVE** (Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.)
25. **NUMBER OF INDIVIDUALS IN YOUR HOUSEHOLD THAT YOU ARE FINANCIALLY RESPONSIBLE FOR, INCLUDING YOURSELF:** _____
- **NUMBER OF ADULTS INCLUDING YOURSELF (AGE 18 AND OLDER)**
 - **ARE ANY DEPENDENTS OVER THE AGE OF 65?** **YES** **NO** **IF YES, HOW MANY ARE OVER AGE 65?** _____
 - **NUMBER OF CHILDREN UNDER AGE 18**
26. **CURRENT TOTAL MONTHLY HOUSEHOLD NET INCOME (AFTER TAXES AND OTHER WITHHOLDINGS)?:** _____
27. **CURRENT TOTAL MONTHLY DEBT FOR YOUR HOUSEHOLD (ADD ALL THE BILLS YOU MUST PAY EACH MONTH)?:** \$ _____
28. **LAST YEAR'S HOUSEHOLD ANNUAL (YEARLY) GROSS INCOME (BEFORE TAXES AND OTHER WITHHOLDINGS)?** \$ _____
29. **ARE YOU EMPLOYED?** **YES** **NO** **(IF CHECKED YES, GO TO QUESTION #30)**
- a. **IF CHECKED NO, ARE YOU UNEMPLOYED?** **YES** **NO** **(IF CHECKED YES IN #29A, COMPLETE #29B, #29C, #29D)**
 - b. **IF UNEMPLOYED, ENTER THE LAST DATE OF EMPLOYMENT** _____ **ENTER DATE (MONTH/DATE/YEAR)**
 - c. **ARE YOU ELIGIBLE FOR UNEMPLOYMENT?** **YES** **NO** **(IF CHECKED NO, GO TO QUESTION #30)**
 - d. **IF YOU ANSWERED YES TO #29C, CHECK ONE BELOW AND FILL IN THE BLANKS:**
 - I APPLIED FOR UNEMPLOYMENT BENEFITS ON:** _____ **(MONTH/DATE/YEAR), APPLICATION IS PENDING.**
 - I AM CURRENTLY RECEIVING UNEMPLOYMENT; UNEMPLOYMENT STARTED ON:** _____ **(MONTH/DATE/YEAR)**
AND WILL END ON _____ **(MONTH/DATE/YEAR)**
 - I HAVE NOT YET RECEIVED UNEMPLOYMENT, BUT WILL EFFECTIVE:** _____ **ENTER DATE (MONTH/DATE/YEAR)**
 - MY EMPLOYMENT BENEFITS ENDED ON:** _____ **ENTER DATE (MONTH/DATE/YEAR)**
30. **IS YOUR SPOUSE EMPLOYED?** **YES** **NO** **IF CHECKED YES, GO TO #31 (LEAVE BLANK IF NOT MARRIED)**
- a. **IF CHECKED NO (#30) IS YOUR SPOUSE CURRENTLY UNEMPLOYED?** **YES** **NO** **(IF NO, GO TO QUESTION #31)**
 - b. **IF SPOUSE IS UNEMPLOYED, ENTER THE LAST DATE OF SPOUSE'S EMPLOYMENT** _____ **(MONTH/DATE/YEAR)**
 - c. **IS/WAS YOUR SPOUSE ELIGIBLE FOR UNEMPLOYMENT BENEFITS?** **YES** **NO** **(IF NO, GO TO QUESTION #31)**
 - d. **IF ANSWERED YES (#30C), CHECK ONE BELOW AND FILL IN THE BLANKS:**
 - SPOUSE APPLIED FOR UNEMPLOYMENT BENEFITS ON:** _____ **(MONTH/DATE/YEAR), APPLICATION IS PENDING.**
 - SPOUSE WAS APPROVED FOR UNEMPLOYMENT BENEFITS, BUT HAS NOT YET RECEIVED UNEMPLOYMENT CHECKS, BUT WILL START RECEIVING BY:** _____ **(MONTH/DATE/YEAR)**
 - SPOUSE IS CURRENTLY RECEIVING UNEMPLOYMENT BENEFITS, WHICH STARTED ON:** _____ **(MONTH/DATE/YEAR)**
AND WILL END ON _____ **(MONTH/DATE/YEAR)**
 - SPOUSE'S EMPLOYMENT BENEFITS ENDED ON:** _____ **(MONTH/DATE/YEAR)**
31. **WHAT IS YOUR CURRENT CIVILIAN OCCUPATION – JOB TITLE?:** _____
(IF ACTIVATED BY GUARD USE YOUR PRIOR CIVILIAN EMPLOYER BEFORE DEPLOYMENT. IF UNEMPLOYED OR A STAY-AT-HOME PARENT USE MOST RECENT JOB TITLE – BE SPECIFIC, i.e. STORE CLERK, DATA SPECIALIST, ADMIN. ASST.)
32. **LONG HAVE YOU BEEN EMPLOYED WITH THIS EMPLOYER?:** _____ **(# OF YEARS AND MONTHS)**
(IF ACTIVATED BY GUARD, USE YOUR PRIOR CIVILIAN EMPLOYER – IF UNEMPLOYED, USE YOUR LAST EMPLOYER)

33. WHAT IS YOUR SPOUSE'S CIVILIAN OCCUPATION – JOB TITLE?: _____
 (IF YOUR SPOUSE IS ACTIVATED BY GUARD USE PRIOR EMPLOYER BEFORE DEPLOYMENT – IF UNEMPLOYED OR A STAY-AT-HOME PARENT, USE MOST RECENT JOB TITLE, BE SPECIFIC, i.e. STORE CLERK, ADMIN. ASST.)
34. HOW LONG HAS YOUR SPOUSE BEEN EMPLOYED WITH THIS EMPLOYER?: _____ (# OF YEARS AND MONTHS)
 (IF YOUR SPOUSE IS UNEMPLOYED, HOW LONG WAS YOUR SPOUSE EMPLOYED WITH THIS EMPLOYER? - USE LAST EMPLOYER)
35. YOUR EMPLOYER: _____
 (IF ACTIVATED BY GUARD, USE YOUR PRIOR EMPLOYER BEFORE DEPLOYMENT – IF UNEMPLOYED, USE YOUR LAST EMPLOYER AND COMPLETE ALL THE REQUIRED INFORMATION BELOW)
36. YOUR WORK SUPERVISOR: _____ EMPLOYER PHONE: _____
 EMPLOYER ADDRESS: _____ CITY, STATE AND ZIP: _____
37. SPOUSE'S EMPLOYER: _____
 (IF SPOUSE IS DEPLOYED, USE HIS/HER PRIOR EMPLOYER BEFORE DEPLOYMENT - IF UNEMPLOYED, USE SPOUSE'S LAST EMPLOYER AND COMPLETE ALL THE REQUIRED INFORMATION BELOW)
- SPOUSE'S WORK SUPERVISOR: _____ EMPLOYER PHONE: _____
 EMPLOYER ADDRESS: _____ CITY, STATE AND ZIP: _____
38. LIST ONE RELATIVE AND ONE FRIEND (NOT RESIDING WITH YOU) WHO THE GRANT REVIEW COMMITTEE CAN CONTACT, IF NECESSARY:
- | | |
|-----------------------|-------------------------|
| NAME (RELATIVE) _____ | PHONE: _____ |
| ADDRESS: _____ | CITY, STATE, ZIP: _____ |
| NAME (FRIEND): _____ | PHONE: _____ |
| ADDRESS: _____ | CITY, STATE, ZIP: _____ |
39. WHAT IS THE NATURE OF YOUR EMERGENCY? (i.e., UNABLE TO PAY UTILITIES, CAN'T PAY RENT, ETC.) PLEASE EXPLAIN:
40. WHAT CAUSED THIS EMERGENCY?: (i.e., JOB LOSS, MAJOR MEDICAL PROBLEMS, DEATH IN FAMILY, ETC.) PLEASE EXPLAIN:
41. WHAT HAVE YOU DONE TO HELP SOLVE THE PROBLEM?: (i.e. CALLED CREDITORS TO ARRANGE PAYMENT SCHEDULE, SEEKING FINANCIAL COUNSELING, SOUGHT CREDIT ELSEWHERE (SPECIFY WHERE), ELIMINATED UNNECESSARY HOUSEHOLD EXPENSES (CABLE TELEVISION, EXTRA PHONES, ETC.), MOVED IN WITH FAMILY, A FOR ASSISTANCE FROM GRANT ORGANIZATIONS, GOVT. AGENCIES, ETC.) PLEASE EXPLAIN:
42. WHAT OTHER ASSISTANCE ARE YOU RECEIVING, AND/OR HAVE YOU APPLIED FOR (PLEASE BE SPECIFIC)?

43. I AM REQUESTING A GRANT IN THE AMOUNT OF \$ _____.

44. LIST PLANNED USE OF GRANT PROCEEDS. IF YOU HAVE MULTIPLE BILLS, PRIORITIZE THEM BY LISTING MOST URGENT BILLS FIRST. ATTACH COPIES OF BILLS OR STATEMENTS – MUST INCLUDE PAYEE'S REMITTANCE MAILING ADDRESS AND ACCOUNT NUMBER:

<i>PAYEE:</i>	<i>ACCOUNT # and AMOUNT:</i>	<i>DUE DATE:</i>

THIS BOX BELOW IS TO BE COMPLETED BY THE NG FAMILY PROGRAM OFFICE OR FAMILY ASSISTANCE CENTER

FAMILY PROGRAM OFFICE / FAMILY ASSISTANCE CENTER VALIDATION CERTIFICATION

I, the undersigned, have examined this application for assistance and certify the claim to be valid and the request for emergency financial assistance is necessary. I also verify that the proper chain of command has been notified and we have pursued all other resources reasonably available for assistance.

PRINT NAME: _____ TITLE: _____

FPO/FAC OFFICE LOCATION: _____

VERIFICATION SIGNATURE: _____ DATE: _____

CONTACT INFO: WORK: _____ CELL: _____

OTHER PHONE: _____ EMAIL: _____

EMERGENCY RELIEF APPLICATION AND PROCEDURES EFFECTIVE JULY 2007

STATEMENT OF CONFIDENTIALITY

This application form and the verification and release authorization are the primary sources of information for determining an individual's eligibility for financial assistance. Disclosure of information on these forms, including the applicant's social security number is voluntary. Failure to provide the requested information may mean the Guard Support of Mass. Board will deny assistance because of insufficient information. The Guard Support of Mass. staff and Board will maintain confidentiality of individual details regarding the application and assistance given or denied, except as detailed in the release authorization below. Guard Support of Mass. will keep statistics regarding aid given, as well as general information regarding the types of aid given, and may release such statistics and general information without the need to solicit additional consent. Guard Support of Mass. may contact you for more information, or to solicit permission to release additional specific details for the purposes of raising additional funds and awareness.

APPLICANT INFORMATION VERIFICATION AND RELEASE AUTHORIZATION:

1. I understand that leaving any questions unanswered on this grant application will result in my grant application being deemed incomplete and that incomplete applications will be denied. I hereby affirm that I have answered all of the grant application questions completely and accurately. Please initial: _____

2. I authorize verification/release of the information I am providing on this application. This authorization applies to:

- Organizations inside or outside of the Mass. National Guard for the purposes of evaluating this application and/or for collection proceedings if a loan is approved and payment is late.
- I authorize the GUARD SUPPORT OF MASSACHUSETTS staff and board members access to any pertinent records as necessary to evaluate my application. Please initial: _____

3. The information I have provided on this Application Form is true and correct to the best of my knowledge. Please initial: _____

APPLICANT'S SIGNATURE: _____ DATE: _____



Massachusetts National Guard Family Program

[FAMILY PROGRAM NETWORK](#)

Massachusetts National Guard State Family Program Office:

14 Minuteman Lane 888-301-3103 x7222
Wellesley, MA 02481

Army National Guard Family Assistance Centers:

Taunton:	Family Assistance Center 111 Gen Owens Blvd., Taunton, MA 02780	508-823-0891
Springfield:	Family Assistance Center 1505 Roosevelt Avenue Springfield, MA 01109	888-301-3103 ext 7950
Worcester:	Family Assistance Center 50 Skyline Dr. Worcester, MA 01605	508-753-3164
Reading:	Family Assistance Center 25 Haverhill Street Reading, MA 01867	888-301-3103 ext 7444
Wellesley:	Family Assistance Center 14 Minuteman Lane Wellesley, MA 02481	888-301-3103 ext 7221
Milford:	Family Assistance Center 50 Maple Street Milford, MA 01757	888-301-3103 ext 7358

Air National Guard Wing Coordinators:

102nd Intelligence Wing Otis Air NG Base	Family Program Center 158 Reilly St., Box 70 Otis ANG Base, MA 02542	508-968-4855
104th Fighter Wing Barnes Air NG Base	Family Program Center 175 Falcon Drive Westfield, MA 01085	413-568-9151 ext 1183