

INDIVIDUAL EMERGENCY APPLICATION FORMS AND PROCEDURES AS OF JANUARY 4, 2010

FOR

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

Applications must be verified by the State Family Program Office or the Family Assistance Center Coordinator (attached is a list of the SFPO location and telephone/fax number as well as the State FAC locations and telephone/fax numbers) and emailed to Guard Support at application@guardsupport.org with a copy to maureen.serrecchia@us.army.mil.

Guard Support of Massachusetts (GSMA) provides emergency support to 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 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.

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| <p>THE EMERGENCY RELIEF COMMITTEE REVIEWS APPLICANT INFORMATION AND RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED.</p> |
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INSTRUCTIONS:

- Applicant must complete the application form in its entirety.
- Incomplete applications result in processing delays and may be denied.
- Validation Certification must be completed and signed.
- Include copies of actual bills requested to be paid by the Guard Support with the completed Application.

**CALL THE FAMILY PROGRAM OFFICE
IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION.**

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

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

A. IS APPLICANT OR APPLICANT'S SPOUSE ELIGIBLE FOR A MILITARY FRIENDS FAMILIES NEEDS BASED GRANT (FORMERLY FRIENDS OF NATIONAL GUARD AND RESERVES)? YES NO

B. IF YES, DID APPLICANT/APPLICANT'S SPOUSE APPLY FOR ABOVE STATED GRANT? YES NO (IF CHECKED YES, WAS THE APPLICATION APPROVED? YES NO PENDING)

C. IF NOT ELIGIBLE, WHY NOT?: NOT DEPLOYED ALREADY RECEIVED MAXIMUM GRANT OTHER: _____

1. _____ DATE: _____
APPLICANT'S NAME -(YOUR NAME) PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME
2. APPLICANT'S 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 (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. UNIT OF ASSIGNMENT: _____
7. UNIT ADDRESS: _____ CITY/TOWN _____ ZIP: _____
8. MOS: _____ NG JOB TITLE: _____
9. HAS GUARD MEMBER EVER BEEN ACTIVATED WHILE SERVING IN THE MASS. GUARD? _____ YES _____ NO IF NO, SKIP TO #12
10. IF ANSWERED YES IN #9, HOW MANY TIMES HAS GUARD MEMBER BEEN ACTIVATED? _____
11. IF ANSWERED YES IN #9, ENTER THE ACTIVATION DATES FOR EACH ACTIVATION PERIOD:
a. DEPLOYED FROM: _____ (DATE/MONTH/YEAR) TO: _____ (DATE/MONTH/YEAR)
LOCATION : (i.e. STATESIDE FOR ICE STORM, IRAQ, KUWAIT, AFGHANISTAN): _____
b. DEPLOYED FROM: _____ (DATE/MONTH/YEAR) TO: _____ (DATE/MONTH/YEAR)
LOCATION : (i.e. STATESIDE FOR ICE STORM, IRAQ, KUWAIT, AFGHANISTAN): _____
c. DEPLOYED FROM: _____ (DATE/MONTH/YEAR) TO: _____ (DATE/MONTH/YEAR)
LOCATION : (i.e. STATESIDE FOR ICE STORM, IRAQ, KUWAIT, AFGHANISTAN): _____
12. HOME STREET ADDRESS: _____
TOWN/CITY _____ STATE _____ ZIP: _____
13. APPLICANT'S PHONE #: HOME: _____ CELL: _____ WORK: _____
14. APPLICANT'S GENDER: _____ MALE _____ FEMALE

15. DATE OF BIRTH: _____ AGE: _____
16. YOUR **HIGHEST** EDUCATION LEVEL ATTAINED: (CHECK ALL THAT APPLY)
- ____ SOME HIGH SCHOOL – ENTER LAST GRADE COMPLETED: _____ GRADE
- ____ HIGH SCHOOL GRADUATE
- ____ SOME COLLEGE, ENTER NUMBER OF COLLEGE CREDIT HOURS COMPLETED: _____ CREDIT HRS.
- ____ TECHNICAL SCHOOL OR OTHER TRAINING (NON-COLLEGE): _____ (EXPLAIN)
- ____ ASSOCIATES DEGREE ____ BACHELOR DEGREE ____ GRADUATE DEGREE ____ POST DOCTORATE DEGREE
17. YOUR EMAIL ADDRESS: _____
18. SPOUSE'S EMAIL ADDRESS: _____ (LEAVE BLANK IF NOT MARRIED)
19. MILITARY STATUS OF GUARD MEMBER – CHECK ALL THAT APPLY:
- FULL TIME TECHNICIAN: ACTIVE GUARD/RESERVE: TRADITIONAL: DEPLOYED:
20. 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 GSMA 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.)
21. 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 GSMA 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.)
22. NUMBER OF INDIVIDUALS IN YOUR HOUSEHOLD THAT YOU ARE FINANCIALLY RESPONSIBLE FOR, INCLUDING YOURSELF: _____
23. WHAT IS THE TOTAL MONTHLY NET INCOME (AFTER TAXES AND OTHER WITHHOLDINGS) FOR YOUR HOUSEHOLD?: _____
24. WHAT IS THE TOTAL MONTHLY DEBT FOR YOUR HOUSEHOLD (ADD ALL THE BILLS YOU MUST PAY EACH MONTH)?: \$ _____
25. WHAT IS YOUR HOUSEHOLD ANNUAL (YEARLY) GROSS INCOME (BEFORE TAXES AND OTHER WITHHOLDINGS)? \$ _____
26. ARE YOU EMPLOYED? ____ YES ____ NO (IF CHECKED YES, GO TO QUESTION #27)
- a. IF CHECKED NO, ARE YOU UNEMPLOYED? ____ YES ____ NO (IF CHECKED YES IN #26A, COMPLETE #26B, #26C, #26D)
- b. IF UNEMPLOYED, ENTER THE LAST DATE OF EMPLOYMENT _____ ENTER DATE (DATE/MONTH/YEAR)
- c. ARE YOU ELIGIBLE FOR UNEMPLOYMENT? ____ YES ____ NO (IF CHECKED NO, GO TO QUESTION #27)
- d. IF YOU ANSWERED YES TO #26C, **CHECK ONE** BELOW AND FILL IN THE BLANKS:
- ____ I AM CURRENTLY RECEIVING UNEMPLOYMENT; UNEMPLOYMENT STARTED ON: _____ (DATE/MONTH/YEAR)
AND WILL END ON _____ (DATE/MONTH/YEAR)
- ____ I HAVE NOT YET RECEIVED UNEMPLOYMENT, BUT WILL EFFECTIVE: _____ ENTER DATE (DATE/MONTH/YEAR)
- ____ MY EMPLOYMENT BENEFITS ENDED ON: _____ ENTER DATE (DATE/MONTH/YEAR)

27. IS YOUR SPOUSE EMPLOYED? _____ YES _____ NO _____ IF CHECKED YES, GO TO #28 (LEAVE BLANK IF NOT MARRIED)

a. IF CHECKED NO (#27) IS YOUR SPOUSE CURRENTLY UNEMPLOYED? _____ YES _____ NO (IF NO, GO TO QUESTION #28)

b. IF SPOUSE IS UNEMPLOYED, ENTER THE LAST DATE OF SPOUSE'S EMPLOYMENT _____ (DATE/MONTH/YEAR)

c. IS YOUR SPOUSE ELIGIBLE FOR UNEMPLOYMENT BENEFITS? _____ YES _____ NO (IF NO, GO TO QUESTION #28)

IF ANSWERED YES (#27C), CHECK ONE BELOW AND FILL IN THE BLANKS:

_____ SPOUSE IS CURRENTLY RECEIVING UNEMPLOYMENT BENEFITS, WHICH STARTED ON: _____
(DATE/MONTH/YEAR) AND WILL END ON _____ (DATE/MONTH/YEAR)

_____ SPOUSE HAS NOT YET RECEIVED UNEMPLOYMENT, BUT WILL START RECEIVING BY: _____ (DATE/MONTH/YEAR)

_____ SPOUSES EMPLOYMENT BENEFITS ENDED ON: _____ (DATE/MONTH/YEAR)

28. WHAT IS YOUR CURRENT CIVILIAN OCCUPATION – JOB TITLE?: _____
(IF UNEMPLOYED, WRITE MOST RECENT JOB TITLE – BE SPECIFIC, i.e. STORE CLERK, DATA SPECIALIST, ADMIN. ASST.)

29. LONG HAVE YOU BEEN EMPLOYED WITH THIS EMPLOYER?: _____
(IF UNEMPLOYED, USE YOUR LAST EMPLOYER)

30. WHAT IS YOUR SPOUSE'S CIVILIAN OCCUPATION – JOB TITLE?: _____
(IF YOUR SPOUSE IS UNEMPLOYED, WRITE HIS/HER MOST RECENT JOB TITLE,, .e. STORE CLERK, DATA SPECIALIST, ADMIN. ASST.)

31. HOW LONG HAS YOUR SPOUSE BEEN EMPLOYED WITH THIS EMPLOYER?: _____
(IF YOUR SPOUSE IS UNEMPLOYED, HOW LONG WAS YOUR SPOUSE EMPLOYED WITH THIS EMPLOYER? - USE LAST EMPLOYER)

32. YOUR EMPLOYER: _____
(IF UNEMPLOYED, USE YOUR LAST EMPLOYER AND COMPLETE ALL THE REQUIRED INFORMATION BELOW)

33. YOUR WORK SUPERVISOR: _____ EMPLOYER PHONE: _____

EMPLOYER ADDRESS: _____ CITY, STATE AND ZIP: _____

34. SPOUSE'S EMPLOYER: _____
(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: _____

35. 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: _____

36. WHAT IS THE NATURE OF YOUR EMERGENCY? (i.e., UNABLE TO PAY UTILITIES, CAN'T PAY RENT, ETC.) PLEASE EXPLAIN:

37. WHAT CAUSED THIS EMERGENCY?: (i.e., JOB LOSS, MAJOR MEDICAL PROBLEMS, DEATH IN FAMILY, ETC.) PLEASE EXPLAIN:

38. WHAT HAVE YOU DONE TO SOLVE THE PROBLEM?: (i.e. CALLED CREDITORS TO ARRANGE PAYMENT SCHEDULE, SEEKING FINANCIAL COUNSELING, SOUGHT CREDIT ELSEWHERE (SPECIFY WHERE), ASKED FOR ASSISTANCE FROM GRANT ORGANIZATIONS, GOVT. AGENCIES, ETC.) PLEASE EXPLAIN:

39. WHAT OTHER ASSISTANCE ARE YOU RECEIVING, AND/OR HAVE YOU APPLIED FOR (PLEASE BE SPECIFIC)?

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

41. LIST PLANNED USE OF GRANT, IF APPROVED. ATTACH COPIES OF ACTUAL BILLS OR STATEMENTS – MUST INCLUDE PAYEE’S REMITTANCE MAILING ADDRESS AND ACCOUNT NUMBER:

| <i>PAYEE:</i> | <i>AMOUNT:</i> | <i>DATE DUE:</i> |
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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.

PRINTED NAME: _____ TITLE: _____

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 GSMA Board will deny assistance because of insufficient information. The GSMA Board will maintain confidentiality of individual details regarding the application and assistance given or denied, except as detailed in the release authorization below. GSMA 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. GSMA may contact you 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 BOARD 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:

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|--|--|-----------------------|
| 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 |