

# INDIVIDUAL EMERGENCY APPLICATION FORMS AND PROCEDURES AS OF JUNE 22, 2009

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](mailto:application@guardsupport.org) with a copy to [maureen.serrecchia@us.army.mil](mailto:maureen.serrecchia@us.army.mil).

Our Organization 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;
- Food/gas;
- 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 (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.

GRANTS do NOT have to be repaid.

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

**INSTRUCTIONS:**

- Applicant must complete the application form in its entirety.
- Incomplete applications will 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**

IS APPLICANT ELIBIBLE FOR FRIENDS OF NATIONAL GUARD AND RESERVES FAMILIES NEEDS BASED GRANT?

YES  NO

IF NO (NOT ELIBLE), EXPLAIN WHY:  NOT DEPLOYED  ALREADY RECEIVED MAXIMUM GRANT

OTHER REASON: \_\_\_\_\_

IF YES, DID APPLICANT APPLY FOR ABOVE STATED GRANT?  YES  NO

IF YES, WAS APPLICATION APPROVED?  YES  NO  PENDING

1. \_\_\_\_\_ DATE: \_\_\_\_\_  
APPLICANT'S 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)
5. GUARD MEMBER'S SSN: \_\_\_\_\_ RANK OR "CIV", IF CIVILIAN \_\_\_\_\_ ETS DATE: \_\_\_\_\_
6. UNIT OF ASSIGNMENT: \_\_\_\_\_ 7. MOS: \_\_\_\_\_ 8. NG JOB TITLE: \_\_\_\_\_
7. HOME STREET ADDRESS: \_\_\_\_\_  
TOWN/CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_
8. APPLICANT'S PHONE NUMBERS: (HOME): \_\_\_\_\_ (CELL): \_\_\_\_\_  
(WORK): \_\_\_\_\_
9. APPLICANT'S GENDER: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE
10. APPLICANT'S DATE OF BIRTH: \_\_\_\_\_ APPLICANT'S AGE: \_\_\_\_\_
11. APPLICANT'S HIGHEST EDUCATION LEVEL ATTAINED: \_\_\_\_\_ 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

12. APPLICANT'S EMAIL ADDRESS: \_\_\_\_\_
13. SPOUSE'S EMAIL ADDRESS: \_\_\_\_\_ (LEAVE BLANK IF NOT MARRIED)
14. MILITARY STATUS OF GUARD MEMBER – CHECK ALL THAT APPLY:  
 FULL TIME TECHNICIAN:  ACTIVE GUARD/RESERVE:  TRADITIONAL:  DEPLOYED:
13. APPLICANT'S RACE/ETHNICITY: Please mark the **one box** that describes the race/ethnicity category with which you primarily identify:  
 (DOES NOT IMPACT GRANT DECISIONS. SELECT GSMA 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.)
14. SPOUSE'S RACE: Please mark the **one box** that describes the race/ethnicity category that your spouse primarily identifies himself/herself:  
 (DOES NOT IMPACT GRANT DECISIONS. SELECT GSMA 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.)
15. NUMBER OF INDIVIDUALS IN YOUR HOUSEHOLD WHO YOU ARE FINANCIALLY RESPONSIBLE FOR, INCLUDING YOURSELF: \_\_\_\_\_
16. WHAT IS THE TOTAL MONTHLY NET INCOME FOR YOUR HOUSEHOLD: \_\_\_\_\_
17. WHAT IS THE TOTAL MONTHLY DEBT FOR YOUR HOUSEHOLD (ADD ALL THE BILLS YOU MUST PAY EACH MONTH): \$ \_\_\_\_\_
18. WHAT IS YOUR HOUSEHOLD ANNUAL INCOME (GROSS): \$ \_\_\_\_\_
19. IS THE APPLICANT EMPLOYED?  YES  NO
- a. IF CHECKED NO, IS APPLICANT UNEMPLOYED?  YES  NO
- b. IF CHECKED YES, ENTER THE LAST DATE OF EMPLOYMENT \_\_\_\_\_ ENTER DATE (DATE/MONTH/YEAR)
20. IS THE APPLICANT'S SPOUSE EMPLOYED?  YES  NO \_\_\_\_\_ (LEAVE BLANK IF NOT MARRIED)
- a. IF CHECKED NO IS APPLICANT UNEMPLOYED?  YES  NO
- b. IF CHECKED YES, ENTER THE LAST DATE OF EMPLOYMENT \_\_\_\_\_ ENTER DATE (DATE/MONTH/YEAR)
21. WHAT IS APPLICANT'S CIVILIAN OCCUPATION – JOB TITLE?: \_\_\_\_\_  
 (IF UNEMPLOYED, WRITE MOST RECENT JOB TITLE)
- HOW LONG HAVE YOU BEEN EMPLOYED WITH THIS EMPLOYER?: \_\_\_\_\_  
 (IF UNEMPLOYED, USE YOUR LAST EMPLOYER, AND COMPLETE #25 BELOW)
22. WHAT IS YOUR SPOUSE'S CIVILIAN OCCUPATION – JOB TITLE?: \_\_\_\_\_  
 (IF YOUR SPOUSE IS UNEMPLOYED, WRITE HIS/HER MOST RECENT JOB TITLE, AND COMPLETE #26 BELOW)
23. HOW LONG HAS YOUR SPOUSE BEEN EMPLOYED WITH THIS EMPLOYER?: \_\_\_\_\_  
 (IF UNEMPLOYED, HOW LONG WAS YOUR SPOUSE EMPLOYED WITH THIS EMPLOYER - USE LAST EMPLOYER)

24. **APPLICANT'S EMPLOYER:** \_\_\_\_\_  
(IF UNEMPLOYED, USE YOUR LAST EMPLOYER)

APPLICANT'S SUPERVISOR: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ CITY, STATE AND ZIP: \_\_\_\_\_

25. **SPOUSE'S EMPLOYER:** \_\_\_\_\_  
(IF UNEMPLOYED, USE LAST EMPLOYER)

SPOUSE'S SUPERVISOR: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ CITY, STATE AND ZIP: \_\_\_\_\_

26. **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: \_\_\_\_\_

27. **WHAT IS THE NATURE OF YOUR EMERGENCY? ( i.e., CAN'T BUY FOOD OR MEDICINES, CAN'T PAY RENT, ETC.) PLEASE EXPLAIN:**

28. **WHAT CAUSED THIS EMERGENCY: ( i.e., LOST JOB, MAJOR MEDICAL PROBLEMS, DEATH IN FAMILY, ETC.) PLEASE EXPLAIN:**

29. **WHAT HAVE YOU DONE TO SOLVE THE PROBLEM: (i.e. CALLED CREDITORS TO ARRANGE PAYMENT SCHEDULE, SOUGHT CREDIT ELSEWHERE (SPECIFY WHERE), ASKED FOR ASSISTANCE FROM GRANT ORGANIZATIONS, ETC.) PLEASE EXPLAIN:**

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

31. **I REQUEST A GRANT IN THE AMOUNT OF \$ \_\_\_\_\_.**

32. LIST PLANNED USE OF GRANT OR LOAN, IF APPROVED. ATTACH COPIES OF ACTUAL BILLS OR STATEMENTS.

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

33. ADDITIONAL INFORMATION OR REMARKS:

**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: \_\_\_\_\_

**GUARD SUPPORT OF MASSACHUSETTS, INC.**  
**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 Board will deny assistance because of insufficient information. The Guard Support Board will maintain confidentiality of individual details regarding the application and assistance given or denied, except as detailed in the release authorization below. The Guard Support 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. The Guard Support may contact you to solicit permission to release additional specific details for the purposes of raising additional funds and awareness.

**INFORMATION VERIFICATION AND RELEASE AUTHORIZATION:**

1. I authorize verification/release of the information I am providing on this application. This authorization applies to organizations inside or outside of the Massachusetts 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: \_\_\_\_\_
  
2. 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  
Wellesley, MA 02481

888-301-3103 x7222

#### **Army National Guard Family Assistance Centers:**

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

#### **Air National Guard Wing Coordinators:**

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