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| --- | --- | --- | --- | --- | --- |
| **Survivor Name** | | | **Email Address** | | |
| **Mailing Address** | | | | | |
| **Home Phone** | **Work Phone** | | | **Cell/Other** | |
| **Name of Fallen Service Member** | | | | | |
| **Deceased Service Member’s Branch of Service** | | **Survivor’s Relationship to Fallen Member** | | | |
| **Survivor’s Employer, Job Title, Yearly Salary** | | | | | |
| **Number of Children or Dependents in Household** | | | **Dependent Ages** | | |
| **Description of the Circumstances or events that cause the financial emergency** | | | | | |
| **The Needs of the family, if applicable** | | | | | |
| **Any other factors that establish the Survivor family’s financial hardship:** | | | | | |
| Any explanation or attempt to remedy the situation by the Survivor Family or the lack of other options or resources (savings account, family assistance, other organizations): | | | | | |
| I am requesting the following assistance (i.e. grant, food/gift cards, or other). Please specify the exact amount(s) of each and the name of the individual or agency the money would be paid to. | | | | | |
| Submitted by: | | | | | Date |
| The following documents are attached or available (Check as many that are applicable or requested):  \_\_\_ DD 1300 or other proof of entitlement,  \_\_\_ DD 214  \_\_\_ NGB FORM 22  \_\_\_ Bills/Statements  \_\_\_ Dependent ID Card  \_\_\_ Repair or other estimate of cost  \_\_\_ Other (specify): | | | | | |
| Survivor Outreach Services Coordinator Validation | | | | | Date: |
| Approval of Grant less than $750, ANGF Executive Director | | | | | Date: |
| Approval of Grant, $751-$1500, Emergency Assistance Approval Committee:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The Senior Enlisted Advisor to the Adjutant General.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The State Family Programs Director  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The State Full Time Support Chaplain  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soldier and Family Readiness Coordinator  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The Executive Director of the ANGF. | | | | | |
| Approval of Grant, $1501-$2500, ANGF Executive Committee (Attach Minutes of Executive Committee Meeting) | | | | | Date: |