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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: |