

THE FAMILY-2-FAMILY FOUNDATION, INC.

2134 JULIEN OVERLOOK, CONYERS, GA 30012

EMAIL: admin@family2familyfoundation.org

WEBSITE: www.family2familyfoundation.org

INSTRUCTIONS:

- ❖ Applicant must complete the application form in its entirety to include sizes for all family members.
- ❖ Unit Validation Certification must be completed and signed by the proper chain of command.
- ❖ **CALL 478-808-9858 IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION.**
- ❖ **SCAN COMPLETED APPLICATION TO: admin@family2familyfoundation.org**

THE FAMILY-2-FAMILY FOUNDATION BOARD REVIEWS APPLICANT'S INFORMATION AND RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED AND DENY REQUEST BASED ON FALSE OR MISLEADING INFORMATION.

1. _____ 2. MARITAL STATUS: _____
(PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME)

3. RANK OR CIV, if Civilian _____ 4. ETS DATE: _____ 5. MOS/ AFSC QUALIFIED AS: (YES / NO)

6. MILITARY STATUS OF GUARD MEMBER (CHECK ALL THAT APPLY): AIR GUARD: _____ ARMY GUARD: _____
FULL TIME TECHNICIAN: _____ ACTIVE GUARD/RESERVE: _____ TRADITIONAL: _____ DEPLOYED: _____

7. OTHER MILITARY MEMBERS (CHECK ALL THAT APPLY): ACTIVE DUTY: _____ RETIRED: _____ DISABLED: _____
AIR FORCE: _____ ARMY: _____ NAVY: _____ MARINES: _____ COAST GUARD: _____ RESERVISTS: _____

8. STREET ADDRESS: _____ CITY, STATE AND ZIP: _____

9. CONTACT NUMBERS: (HM) _____ (CELL) _____ (WK) _____

10. EMAIL ADDRESS: _____

11. NUMBER OF INDIVIDUALS IN YOUR HOUSEHOLD YOU ARE FINANCIALLY RESPONSIBLE FOR, INCLUDING SELF: _____

12. WHAT IS THE TOTAL MONTHLY NET INCOME FOR YOUR HOUSEHOLD: _____

13. WHAT IS THE TOTAL MONTHLY DEBT FOR YOUR HOUSEHOLD (ADD ALL BILLS YOU MUST PAY MONTHLY): \$ _____

14. EMPLOYER NAME/POC: _____ EMPLOYER PHONE: _____

EMPLOYER ADDRESS CITY, STATE AND ZIP HOW LONG? _____

15. LIST ONE RELATIVE AND ONE FRIEND (NOT RESIDING WITH YOU) THE COMMITTEE COULD CONTACT, IF NECESSARY:

NAME (RELATIVE) _____ PHONE: _____

ADDRESS CITY, STATE AND ZIP

NAME (FRIEND) _____ PHONE: _____

ADDRESS CITY, STATE AND ZIP

16. WHAT IS THE NATURE OF YOUR EMERGENCY? (i.e. NEED FOOD OR CLOTHING OR BOTH) PLEASE EXPLAIN:

17. WHAT CAUSED THIS EMERGENCY? (i.e. LOST JOB, MEDICAL PROBLEMS, DEATH IN FAMILY, etc.) PLEASE EXPLAIN:

18. WHAT HAVE YOU DONE TO SOLVE THE PROBLEM? (i.e. ask for assistance from relatives, applied for govt. assist, etc)PLEASE EXPLAIN: _____

19. I REQUEST ASSISTANCE FOR FAMILY OF (# of persons in household): HOW MANY ADULTS: _____ / CHILD(REN): _____

THE FAMILY-2-FAMILY FOUNDATION, INC.

2134 JULIEN OVERLOOK, CONYERS, GA 30012

EMAIL: admin@family2familyfoundation.org

WEBSITE: www.family2familyfoundation.org

20. I NEED ONLY FOOD: _____ I NEED ONLY CLOTHES: _____ I NEED BOTH FOOD AND CLOTHING: _____

21. I HAVE THE FOLLOWING FOOD ALLERGIES OR DIET RESTRICTIONS:

21. LIST RECEIPTS OF CLOTHING AND THEIR SIZES:

First Name	Male or Female	Age	Shirt Size	Pants Size	Dress Size	Shoe Size	Coat Size

22. ADDITIONAL INFORMATION OR REMARKS, IF NECESSARY.

UNIT VALIDATION CERTIFICATION

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

CHAIN OF COMMAND PRINTED NAME TITLE UNIT

CHAIN OF COMMAND VERIFICATION SIGNATURE DATE

CONTACT INFO: _____
WORK PHONE # HOME PHONE # MOBILE PHONE #

EMAIL: _____