



MONTANA MILITARY FAMILY RELIEF FUND APPLICATION STATUS BASED GRANT

(See Application Instructions on Page 2)



PLEASE TYPE OR PRINT LEGIBLY

APPLICANT'S INFORMATION:

NAME _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
SOCIAL SECURITY # _____
HOME PHONE _____ RELATIONSHIP TO MEMBER _____

SERVICE MEMBER'S INFORMATION:

NAME _____ DATE OF BIRTH _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ ALTERNATE PHONE _____
BRANCH _____ RANK/PAY GRADE _____ SOCIAL SECURITY # _____
HOME STATION UNIT OF ASSIGNMENT _____
(Where you would normally drill when not on active duty)
EMAIL ADDRESS _____

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION OF THE ABOVE INFORMATION:

NAME _____
POSITION/TITLE _____ PHONE NUMBER _____

I certify the information submitted with this application to be true and correct. I authorize verification/release of the information I am providing with this application. I authorize the State of Montana and the Montana Department of Military Affairs access to my pertinent records, including information maintained in DEERS or other automated systems, as may be necessary to evaluate my application. Disclosure of information with this form, including social security numbers is voluntary. **Failure to provide the requested information, however, will prohibit the processing of this grant application.** In accordance with applicable laws, the State of Montana and the Montana Department of Military Affairs will maintain confidentiality regarding the application and any grant given or denied, except as required to process this or subsequent applications, or as otherwise required by law.

SIGNATURE OF APPLICANT, SERVICE MEMBER or GUARDIAN _____ **DATE** _____
(Must contain original signature – unsigned applications or facsimile signatures are not acceptable)

**INSTRUCTIONS FOR
MONTANA MILITARY FAMILY RELIEF FUND APPLICATION
STATUS BASED GRANT**

If you need assistance completing this application please call (406)324-3333

PURPOSE: House Bill 179, passed during the 60th legislative session, established the Montana Military Relief Fund to provide a \$250.00 grant to eligible family members of service members of the Montana National Guard or Reserve Components who are activated for federal service in a contingency operation for a period of more than 30 days.

ELIGIBILITY: To be eligible for a status based grant under the Military Family Relief Fund the Grantee must be:

1. A family member of a service member:
 - (a) of the Montana National Guard or a Reserve Component as defined in 38 U.S.C. 101.
 - (b) who is a resident of Montana
 - (c) who is activated for federal service and has served in a contingency operation for at least 30 consecutive days.
 - (d) whose pay grade is no higher than O-3 or W-3 at the time of this application.

2. The grant recipient must be a person that has been approved as a dependent of a service member and is enrolled as a dependent in the Defense Enrollment Eligibility Reporting System (DEERS)

INELIGIBILITY: Any family member of a service member, who at the time prior to disbursement of funds pursuant to this grant application, received a punitive discharge or an administrative discharge with service characterized as "under other than honorable conditions" is ineligible for any grant.

DOCUMENTATION:

1. Completed and signed application, MMFRF Form 1.
 - (a) **each dependent requesting a grant must fill out an application.**

Prior to processing the Centralized Services Division must receive from the National Guard or Reserve Component:

1. Copy of military orders showing proof of active duty.
2. Copy of DEERS printout providing Full Name, Mailing Address, Social Security Number, and relationship of each dependant to the service member.
3. If a custodial parent or guardian is applying for a grant of behalf of a family member, proof of guardianship must be provided.

PROCESSING STANDARDS: All applications will be processed by the Centralized Services Division of the Department of Military Affairs within 10 working days of receipt of all required documentation and the completion of 30 days service by the service member. An original application must be submitted before any grant payments may be authorized. Incomplete applications will be returned to the applicant. Each family member will receive a separate state warrant. Warrants will be mailed to the address provided on the DEERS documentation. All payments are subject to the availability of funds. The Department of Military Affairs shall notify the applicant in writing whether the applicant's application has been approved or denied.

SEND APPLICATIONS & SUPPORTING DOCUMENTATION TO:

**DEPARTMENT OF MILITARY AFFAIRS
CENTRALIZED SERVICES DIVISION
PO BOX 4789
FORT HARRISON, MT 59636**