

## The California Military Family Relief Fund

(CMFRF) was established to provide short term, financial assistance in the form of grants to California National Guard members and/or families impacted by mobilization and deployment who meet the criteria listed below.

### Eligibility Criteria:

- Members of the California National Guard may be eligible for financial aid based on the following criteria.
- Current member of the California National Guard in good standing
- Current California resident
- Deployment to active duty for at least 100 consecutive days in Title 10 USC status
- Member's military salary has decreased by 30 percent or more from civilian salary

### CMFRF grants can be used for:

- Food
- Auto Payments
- Housing
- Medical Prescriptions
- Child Care
- Medical Services
- Utilities
- Insurance

### CMFRF grants can NOT be used for:

- Pay for Nonessentials
- Assist with a Home Purchase or Home Improvements
- Finance Ordinary Leave or Vacation
- Purchase, Rent or Lease a Vehicle
- Pay for Fines or Legal Expenses

The California Military Family Relief Fund brochure and application information is also available online .

Please visit <http://www.calguard.ca.gov/cmfrf> or call: (916) 854-3409 for questions regarding the CMFRF program.

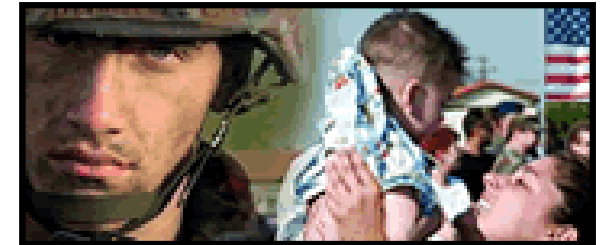


Operation Ready Families Program  
Family Assistance Network  
California National Guard  
10620 Mather Blvd.  
Mather, CA 95655

**Mission First! Family Always!**

**Operation Ready Families Program  
Family Assistance Network  
California National Guard**

# California Military Family Relief Fund



### Inside...

- What is CMFRF?
- Eligibility Requirements
- Application Information

# California Military Family Relief Fund Application

Please mail this form to:

California National Guard, ATTN: CMFRF Box 37, P.O. Box 269101 Sacramento, CA 95826-9101

**Please complete this form in its entirety. The information will be used to assess our ability to assist you.**

Name of Requestor		E-mail Address																	
Mailing Address																			
Home Phone	Work Phone	Cell/Other																	
Name/Rank of Military Member		Currently Deployed to																	
Branch of Service		Unit of Assignment																	
Service Members pre-deployment employer, job title and salary																			
Number of children in household		Ages	Special needs?																
Spouse's employer, job title and salary																			
<p><i>I am requesting the following assistance. Please specify the exact amount(s) of each and the category it pertains to.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Food</td> <td><input type="checkbox"/></td> <td style="width: 30%;">Medical services</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Housing</td> <td><input type="checkbox"/></td> <td>Medical prescriptions</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Child care</td> <td><input type="checkbox"/></td> <td>Insurance</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Utilities</td> <td><input type="checkbox"/></td> <td>Vehicle Payments</td> <td><input type="checkbox"/></td> </tr> </table>				Food	<input type="checkbox"/>	Medical services	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Medical prescriptions	<input type="checkbox"/>	Child care	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Utilities	<input type="checkbox"/>	Vehicle Payments	<input type="checkbox"/>
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Utilities	<input type="checkbox"/>	Vehicle Payments	<input type="checkbox"/>																
<p><i>This situation has occurred due to the following events, reasons, or circumstances:</i></p>   																			
Submitted by <small>(Use 8 1/2X11 plain paper if additional pages are needed)</small>		Date																	
The following documents are attached for eligibility criteria (as applicable or requested)																			
<input type="checkbox"/> Copy of Current Mil/Depend ID		<input type="checkbox"/> Proof of Residency (State taxes, DEERS, etc.)																	
<input type="checkbox"/> Deployment Orders		<input type="checkbox"/> Current Leave & Earnings Statements (civ./mil.)																	
Complete this block <b>SIGNATURE:</b> I authorize access to DEERS or other privacy information for verification purposes. If eligible to receive grant, I certify these funds will be used for the reasons indicated above.		Date																	
<b>For Committee Use Only</b>																			
Reviewed and sent to committee by		Date																	
Verified by CAC DEERS verification operator		Date																	
Committee Action		Date																	