

The Home Front Cares Application

				Date of Application:		Email:	
Applicant's name (last, first, middle):			SM Pay Grade:	Current Unit:	Unit Duty Phone:	Branch of Service:	
Home Address:			Home Phone:	Cell Phone:	Referred By (Agency information): This application validated and forwarded by (Please include contact #):		
Spouse Name:				Phone number:		Date and Unit of Deployment:	
Dependents other than spouse living in the home:							
Age	Relationship		Age	Relationship		Age	Relationship
Have you requested assistance from The Home Front Cares in the past?		Y	N	If yes to any, please give date and type of assistance:			
Have you requested assistance from any other Non Profit?		Y	N				
Have you requested assistance from any government agency?		Y	N				
Have you been involved in any legal proceedings within the last twelve month?		Y	N				
Is your spouse able to work? Y N		Is your spouse employed? Y N					
Assistance Requested: Please list the items (creditors and amounts) you are requesting THFC to assist with.							
In your own words, please explain the reason why you are in need of assistance from "The Home Front Cares" and what you believe will be the out come if assistance is provided. Please be as detailed as possible.							
SAMPLE							

Confidentiality Statement:

By signing below applicant(s) gives consent for all confidential information, including Leave and Earnings Statement, to be released to "The Home Front Cares". The applicant (s) also confirms that all information is true and accurate to the best of their knowledge. Intentional inaccuracy will result in immediate dismissal of request. Applicant (s) also acknowledges THFC does not automatically guarantee assistance or payment.

Applicant Signature /Date:

Signature: _____

Date: _____