



# North Carolina National Guard Family Programs Holiday Assistance

Official Use Only:

Type of Assistance

- Gifts
- Food
- Both

**\*\*Deadline for submission is November 2, 2018\*\***

## Service Member Information

Last Name:

First Name:

MI:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

Unit:

Readiness NCO Name:

Readiness NCO Phone:

Person submitting request:

Relationship to SM:

Phone:

Is the SM Employed?

- Yes
- No

If yes, where?

Status:

- Full Time
- Part Time

If not employed, is SM registered with the EEC?

- Yes
- No

Number of adults in the household:

Number of children in the household:

Has SM received assistance from Family Programs in the last two years (Christmas, Thanksgiving, SAAF, Food Box, etc.)?

- Yes
- No

**\*\*Please note that if the SM has received assistance from Family Programs within the last two years, he/she may not be eligible.\*\***

To determine eligibility, please provide a detailed description of hardship. (If more space is needed, attach a separate sheet.)

**Marital Status:**

- Married
- Single

**Single Parent:**

- Yes
- No

**Family Information (Children *MUST* be in DEERS-no exceptions.)**  
**Attach a separate sheet for additional children if needed.**

**Child's Name:**

**Age:**

**Gender:**

**Clothing/shoe size:**

**Necessities & Wish List:**

**Child's Name:**

**Age:**

**Gender:**

**Clothing/shoe size:**

**Necessities & Wish List:**

**Child's Name:**

**Age:**

**Gender:**

**Clothing/shoe size:**

**Necessities & Wish List:**

**\*Delivery or pick-up will be coordinated with the State Family Programs Office.**

**Applicant's Signature**

**Date:**

**\*\*By signing this form, you are confirming that the information is true to the best of your knowledge.**

## Official Use Only

---

**Form must be reviewed and signed by Service Member's Commander or Commander's Representative.**

**Unit Representative's Printed Name:**

**Date:**

**Unit Representative's Signature:**

**Is this SM in good standing with the unit?**

Yes  No

**Comments:**

**FAC Printed Name:**

**Date:**

**FAC Signature:**

**Matched with Benefactor?**

Yes  No

**Name of Benefactor:**

**Closest NCNG Armory to HOR:**

**Pick-up/Delivery Details:**