North Carolina National Guard
Family Programs
Holiday Assistance

**Deadline for submission is December 9, 2019**

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**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.**
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: __________________________________________________________