



North Carolina National Guard Family Programs Holiday Assistance

Official Use Only:

Type of Assistance

- Gifts
- Food
- Both

****Deadline for submission is November 8, 2021****

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:

In the past, has SM received assistance from Family Programs? (Christmas, Thanksgiving, SAAF, Food Box, etc.)

- Yes
- No

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.****

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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:

SFRS Printed Name:

Date:

SFRS Signature:

Matched with Benefactor?

Yes No

Name of Benefactor:

Closest NCNG Armory to HOR:

Pick-up/Delivery Details: