



# North Carolina National Guard Family Programs Turkey Express

Official  
Use Only

**\*\*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:

Readiness NCO Phone:

Person submitting request:

Relationship to SM:

Phone:

Is 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 household:

Number of children in household:

Ages of children:

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

- Yes  
 No

**\*\*Please note that if 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 your hardship. (If more space is needed, please attached a separate sheet.)

**Applicant's signature:**

**Date:**

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

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

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***\*\*Forms 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 SM in good standing  
with the unit?**

Yes  No

**Comments:**

**FAC Printed name:**

**Date:**

**FAC Signature:**

**Closest NCNG Armory  
to HOR:**

**Pick-up/Delivery  
Details:**