Indiana National Guard Relief Fund

COVID-19 Application Form

Mission Statement:

“To provide emergency assistance and relief to members of the Indiana National Guard and their families who are undergoing periods of personal or financial distress due to a period of mobilization or other military duty”

Contact Marla Miller @: 765-416-2989 or mmiller@inguardrelief.org for filling out the application.
Indiana National Guard Relief Fund  
Covid 19 Emergency Grant Policies

Overview:
On Tuesday, March 17, 2020, Governor Eric Holcomb activated Indiana National Guard to support state efforts to mitigate the impact of Covid 19 during a national emergency. The Board of the INGRF has approved special grants for Guardsmen who become ill or quarantined because of their service during this emergency.

Stipulations:

<table>
<thead>
<tr>
<th>Who is Eligible?</th>
<th>Stipulations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana Army or Air National Guard Service Members (SM) who, during the course of activation for the Covid 19 emergency, become infected or quarantined because of exposure to the virus while carrying out their assigned duties.</td>
<td>Service Members who experience hardships because of emergency duty.</td>
</tr>
<tr>
<td></td>
<td>Submission of this request form by senior Unit staff identifying affected soldiers/airmen</td>
</tr>
</tbody>
</table>

Two Different Grant Programs:

**Emergency Relief**
- $200 for unmarried SM's
- $300 for married SM's
- $500 for SM's with children in the home
- Each SM will receive the designated amounts in the form of Walmart gift cards. Delivery will be made within 48 hours of request.

**Hardship Grants**
- Following their illness/quarantine, these SM's will be eligible for regular Hardship Grants up to $2500.
- The normal application process will be waived for SM's identified by senior staff requests via this form.

Eligible Areas of Assistance (including but not limited to):
- Non-receipt of pay
- Loss of income
- Medical, dental, & hospital expenses
- Clothing
- Utilities
- Fire or other disasters
- Essential private owned vehicle
- Unexpected repairs
- Dependent funerals expenses
- Rent/Mortgage payments
- Food

Ineligible Areas of Assistance (including but not limited to):
- Divorce/marriage expenses
- Lease or purchase of a vehicle
- Ordinary leave
- Continuing assistance (same hardship, multiple applications)
- Bad checks
- Liquidation or consolidation of debts
- Business ventures or investments
- Goods/items of convenience or luxury
- Court fees, fines, judgments, liens, bails, legal fees, income tax, or child support
- Civil suits/bankruptcies
- Credit cards
- Student loans/college tuition
- Cell phone bills
- Personal Loans
### INGRF COVID-19 Application - Service Member Basic Information

#### Military Member’s Information

<table>
<thead>
<tr>
<th>Name: ______________________________</th>
<th>Birth Date: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address: ______________________</td>
<td>____________________</td>
</tr>
<tr>
<td>City: _____________________________</td>
<td>State: _____________</td>
</tr>
<tr>
<td>Best Contact Phone: _______________</td>
<td>Civilian Email: ___________________________________________</td>
</tr>
<tr>
<td>Rank: ____________________________</td>
<td>SSN (last 4): ________________</td>
</tr>
</tbody>
</table>

**Employment Status (pick one):**
- Employed: ____
- Unemployed/Underemployed: ____

<table>
<thead>
<tr>
<th>Home station Unit of Assignment:</th>
<th>______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Member married? ______ Does the Member have children in the home? ______</td>
<td></td>
</tr>
</tbody>
</table>

### Spouse’s or Cohabitating Partner Information (or if other than military member)

<table>
<thead>
<tr>
<th>Name: _____________________________</th>
<th>SSN (last 4): ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address: ____________________</td>
<td>____________________</td>
</tr>
<tr>
<td>City: _____________________________</td>
<td>State: _____________</td>
</tr>
<tr>
<td>Phone: ____________________________</td>
<td>Relationship to Military Member: ___________________</td>
</tr>
</tbody>
</table>

**Employment Status (pick one):**
- Employed: ____
- Unemployed/Underemployed: ____

### Review

- Active SM and in good standing
- SM must be relieved of duty and quarantined because of exposure to or infection by Covid 19 during the course of her/his service under the Emergency Activation
- For further details regarding policies and procedures for later application for Hardship Grants, please request a copy of the INGRF Board Resolution governing this action
- SM will automatically receive emergency benefits upon submission of this application by senior staff, with no further approval process necessary.

This is to verify that this service member is in good standing with the unit and has been relieved of duty or quarantined in place.

<table>
<thead>
<tr>
<th>Unit Commander signature: __________________</th>
<th>Senior NCO: __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name/Rank: __________________________________</td>
<td>Name/Rank: __________________</td>
</tr>
</tbody>
</table>

Contact information of the person completing and submitting this request: __________________________