



Department of Ohio Plan of Action



AUXILIARY EMERGENCY FUND

CHAIRMAN

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REPORT DUE : April 15, 2017

SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION

Department of Ohio Plan of Action

2016 – 2017 Department Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

Please complete the following. Be sure to give the complete name of your Unit.

District # _____ Unit # _____ Membership Goal _____

Full Official Name _____

Unit President/Chairman (circle one) Name: _____

Phone Number: (____) _____ Email: _____ Member ID # _____

Specific Award Name (if applicable) _____

PROGRAM:

AUXILIARY EMERGENCY FUND

Program Summation:

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total \$\$ Spent To Promote Program	Total Number of Veterans Served	Total \$\$ Given to Recipients
			\$		\$

If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

Optional-A copy of your Unit ALA Impact Form (Only necessary if it is required based the Plan of Action Directions)

Report Deadline: April 15, 2017

Narrative Deadline: April 15, 2017

MAIL TO DEPARTMENT AEF CHAIRMAN

**Pam Brenneman
1467 Gage Rd.
Toledo. Ohio 43612**

Department of Ohio Plan of Action

The Auxiliary Emergency Fund provides temporary emergency financial assistance to members in need and promotes awareness and knowledge of the program.

AUXILIARY EMERGENCY FUND

What is this program, and why do we have it?

The Auxiliary Emergency Fund provides temporary financial assistance to eligible members during times of financial crises or weather-related emergencies and natural disasters and promotes awareness and knowledge of the program.

What Can You Do?

- 1. Familiarize each unit and department with what AEF can and cannot do, where to locate the current application and how to apply.**

Ideas:

Member

- Distribute the “Before you Begin – Frequently Asked Questions” sheet and AEF brochure found at www.ALAforVeterans.org to eligible members. Promote as a benefit to new members.

Unit

- Have printed applications and AEF brochures available during unit meetings and at the local post.

- 2. Help the National Auxiliary Emergency Fund obtain donations by supporting department and unit fundraisers.**

Ideas:

Member

- Support fundraisers sponsored by your department and unit.
- Make a personal donation to the AEF. Donations of \$50 or more will receive a pin requested by your department from National Headquarters.

Unit

- Put an AEF donation can in your local post (visit www.ALAforVeterans.org for a free, downloadable can label). Solicit local businesses for monetary or in-kind donations to your unit for AEF.
- Schedule an annual “Members Helping Members” night at your local post. Not only is this a great time for an AEF fundraiser, but it gives you the opportunity to share information about what makes a member eligible to receive help from the AEF. Have membership applications available, and sign up new members during an event. Legion members might sign up eligible relatives in order to provide this protection for them. Prior to the event, be sure all unit members have read and are familiar with the AEF frequently asked questions as well as the criteria for assistance.

Department of Ohio Plan of Action

Programs and Activities

1. The AEF brochure is available through departments and also online at www.ALAforVeterans.org
2. Please use the current form and follow directions to ensure that evaluation and processing are completed in a timely fashion. Incomplete applications can delay the application process. The current application and expedited application are available at www.ALAforVeterans.org.
3. Forms are available to order pins for individuals who donate \$50 or more. AEF Donation Pin Order Forms are available at www.ALAforVeterans.org, by contacting National Headquarters at (317) 569-4500, or by emailing your request to aef@ALAforVeterans.org. Departments track and distribute pins to individual members.
4. AEF frequently asked questions and additional AEF information are available on the AEF page at www.ALAforVeterans.org.
5. The following core rules apply to the Auxiliary Emergency Fund:
 - a. Temporary assistance to eligible members during:
 - A time of financial crisis when no other source of aid is readily available to pay for shelter, food and utilities.
 - Weather-related emergencies and natural disasters, for food and shelter.
 - Educational training for eligible members who lack the necessary skills for employment or to upgrade competitive workforce skills.
 - b. Assistance will not be granted to pay accumulated debts or medical expenses. The intent is to help members who have suffered a financial setback and is meant to be a bridge offering a helping hand until financial stability is re-established. Incomplete applications and missing documentation will significantly slow processing the case file.
 - c. Eligibility: Persons who have been members of the American Legion Auxiliary for at least the immediate past two consecutive years and whose current membership dues are paid at the time the emergency occurs (three consecutive years' dues) may apply for assistance.
 - d. Assistance provided: The maximum grant amount is \$2,400, disbursed as the Auxiliary Emergency Fund Grant Committee determines.

AEF Reporting

Mid-Year Reports

Mid Year reports reflect the program work of units in the department. Each Unit AEF chairman is requested to submit a narrative report by **Dec. 5, 2016**, to the Department AEF chairman at her address found on the front page of this program Plan.

Year-End Reports

Annual reports reflect the program work of units in the department. Each Unit AEF chairman is requested to submit a narrative report by **April 15, 2017**, to the Department AEF chairman at her address found on the front page of this program Plan.

Department of Ohio Plan of Action

How To Sheets

- How to Implement a Successful Water Bottle Coin Collection- Check your Bulk Mailings or the National Website for the How to Sheets.

Additional Resources You Can Use

1. www.ALAforVeterans.org (for additional resources and descriptions)
2. www.legion.org
3. www.operationhomefront.net (general financial assistance for military families)
4. www.211.org (referral program for local help with food, housing and employment)
5. www.fema.gov (disaster assistance)
6. www.redcross.org (disaster assistance)
7. www.fns.usda.gov/snap/ (Supplemental Nutrition Assistance Program)
8. www.liheap.ncat.org (Low Income Home Energy Assistance Program)
9. Your national committee members (see cover page of this program Plan).

NATIONAL AWARD INFORMATION & DEADLINES

AEF Awards

- A. Citation Plaque Recognition – Given to one unit and one department contributing the largest donations (per capita) to the Auxiliary Emergency Fund as of June 1, 2017.
- B. Citation and Lapel Pin Recognition – Presented to any individual contributor donating \$50 or more. The citation form is available at www.ALAforVeterans.org. Citations may be printed by the unit or department.

DEPARTMENT AWARD INFORMATION & DEADLINE

“Ardith Cooper” Plaque – This plaque will be awarded to the Unit with the highest donations per capita - to be given at Department Convention.

Department of Ohio Plan of Action

American Legion Auxiliary Emergency Fund Application for Assistance (AEF)

Name: _____

Membership ID # _____

Unit # _____

Date of Birth: _____

Address: _____

Street

City

State

Zip Code

Phone: _____

E-Mail _____

Marital Status: Married Single Widowed Separated

What is your current employment status?

Full-Time Part-Time Laid-Off Retired

Worker's Compensation Unemployed

Place of Employment: _____

(If Unemployed, please explain in the Narrative section of page 3)

Please list your last date of employment: _____

What specific steps have you taken to secure employment?

Are you a veteran? Yes No

If yes, please list dates of service: _____

What is your spouse's current employment status?

Full-time Part-time Laid-Off Retired

Worker's Compensation Unemployed

Spouse's Place of Employment: _____

(If Unemployed, please explain in the Narrative section of page 3)

Please list your spouses last date of employment: _____

Is your spouse a veteran? Yes No

If yes, please list dates of service: _____

If spouse if deceased, please list date of death: _____

Are there any minor children living in your home? Yes No

If yes, please list by name, age and relationship to you:

Are there any other adults living in your home? Yes No

If yes, please list by name and relationship to you:

THIS SECTION TO BE COMPLETED BY DEPARTMENT SECRETARY

I certify that the applicant has paid dues for the two immediate preceding years and her dues have been received for the current year.

Department Secretary's Signature _____

Date _____

Rules/Instructions

The Auxiliary Emergency Fund was created to provide:

- Temporary assistance to eligible members during a time of financial crisis when no other source of aid is readily available to pay for shelter, food and utilities.
- Temporary assistance for food and shelter to eligible members related to weather-related emergencies and natural disasters
- Temporary assistance for educational training for eligible members who lack the necessary skills for employment or to upgrade competitive workforce skills.
- The AEF maintains the confidentiality of all applications, reviews, and supporting documents, and will neither disclose nor release AEF applications, files, or cases to anyone outside of the ALA AEF Review Committee.

Assistance will not be granted to pay accumulated debts. The intent is to help members who have suffered a financial setback and is meant to be a bridge offering a helping hand until financial stability is reestablished.

Eligibility: Persons who have been members of the American Legion Auxiliary for at least the immediate past two consecutive years. AND whose current membership dues are paid at the time the emergency occurs (three consecutive years' dues) may apply for assistance.

Assistance Provided: The maximum grant amount is \$2,400.00, disbursed as the Auxiliary Emergency Fund Grant Committee determines.

UNIT, PLEASE READ THE FOLLOWING:

Each AEF application is assessed entirely on the basis of the written record provided herein. Therefore, both the Unit and member should be specific and thorough when completing the application. Please type or print neatly to ensure legibility.

Remember to:

- Ensure the applicant has completed all applicable sections.
- Ensure all sections requiring Unit input are complete.
- Ensure all appropriate signatures have been obtained.
- Forward the completed application to your Department Secretary.

This section to be completed at National Headquarters

Date Received: _____ Case Number: _____

Membership Verification: _____

Department of Ohio Plan of Action

Current Monthly Income

Current earnings of Applicant: _____

Current Earnings of Spouse: _____

Earnings of other(s) in household: _____

Veteran's Pension/Compensation: _____

Child Support: _____

Social Security: _____

SSI: _____

SSD: _____

Food Stamps: _____

WIC: _____

Aid from Post/Unit: _____

Unemployment Compensation: _____

Workman's Compensation: _____

Alimony: _____

County/State Assistance: _____

Stock Dividends: _____

Other Income: _____

(Please Specify Source) _____

Total for all current monthly income: _____

Current Monthly Expenses

Do you own or rent your home? Own Rent

Amount of monthly payment/rent: _____

Electricity: _____

Fuel for Heating: _____

(Please select which type of fuel) Gas Propane Oil

Water/Sewage: _____

Food: _____

Telephone: _____

Child Care: _____

Medication: _____

Toiletries: _____

Insurance: _____

Homeowners: _____

Life: _____

Auto: _____

Health: _____

Other: _____

Other expenses (please specify): _____

(i.e. medical bill payments, credit card payments, etc.) _____

Total for all current monthly expenses: _____

Creditor Information

Mortgage Company/Landlord: _____

Name of Institution Account # (if applicable)

Address: _____

Street City State Zip

Utility Company or Other: _____

Name of Company Account #

Address: _____

Street City State Zip

Utility Company or Other: _____

Name of Company Account #

Address: _____

Street City State Zip

IMPORTANT!!!

Please attach all copies of all current utility statements, bills, eviction notices, disconnection notices and any other expenses to be considered.
Applications lacking required information and documentation will take longer to process.

Please turn to page 3 and complete both sections.

Department of Ohio Plan of Action

Federal, State and Local Assistance

Source	Date Applied:	<u>Status:</u> <i>A=Approved</i> <i>D=Denied</i> <i>P=Pending</i>	Amount Approved: <i>(If Eligible)</i>	If ineligible, please explain:
Post/Unit				
Assistant for Needy Families				
VA Disability/Pension				
Social Security/Disability				
Supplemental Security/Income				
Medicare/Medicaid				
Food Stamps				
WIC				
FEMA				
Public Assistance:				
Private Charities:				
All Others <i>(Please List)</i> :				

Applicant Narrative

Please use the following space to provide a brief narrative regarding your current situation/emergency. You may want to include any additional information not provided elsewhere on this application. Please remember to sign and date below as well.

If this portion is not complete and /or a signature is not present, this application will be returned.

Department of Ohio Plan of Action

DISASTER ASSISTANCE

(This section is required for Disaster Applicants only. Those experiencing financial hardship unrelated to a disaster or apply for educational assistance may skip this section.)

Date of Occurrence(s): _____

Type of Disaster/Emergency: Fire Flood Hurricane Severe Weather (i.e. lightning, heavy snow)
 Earthquake Other (Please Explain) _____

Is the affected dwelling your primary residence? Yes No Are you still residing in the dwelling? Yes No

If you are not still residing in the dwelling, please explain where you are currently living as well as how long you anticipate being out of your home:

Please explain the damage incurred:

(You may attach additional sheets of paper if needed. Please include copies of any photographs, repair estimates, statements from FEMA or local Law Enforcement, etc.) *As these items CANNOT be returned, please DO NOT send original receipts or photos that you may need returned.*

Did you purchase emergency supplies? Yes No

(If yes, please list the cost of these supplies and provide copies of applicable receipts.)

Plywood _____ Generator _____ Gasoline _____ Dry Ice _____ Bottled Water _____
 Lodging _____ Other (please explain) _____

Is the affected property insured? Yes No *If yes, please indicate the amount you expect to receive from the policy:*

(Please attach copies of any applicable documents regarding the property's insurance policy)

Additional Comments: _____

NOTE: *In addition to this section, please make sure to complete all sections on pages 1-3. Applications lacking required information will be returned.*

Department of Ohio Plan of Action

Educational Assistance

This section to be completed by applicants seeking educational assistance:

What is the highest level of education completed? High-school graduate Some college College graduate Other

If Other, please explain: _____

Have you already enrolled in an educational institution? Yes No *If yes, when?* _____

Institution Name: _____

Address: _____
Street City State Zip Code

If not already enrolled, what steps have you taken to obtain the educational training needed to qualify for the position you are seeking (i.e. job counseling, career aptitude testing, finding appropriate training institution:) _____

What type of position or specific job are you seeking? _____

Please List below (1) the course you need to complete to qualify for the position you hope to obtain, (2) the cost of each course and (3) the beginning and (4) ending dates for each course you plan to take. Please attach a copy of your course schedule if you are already enrolled.

(1) Name of Course	(2) Cost Per Course	(3) Beginning Date	(4) Ending Date
	Total Cost:		

In what month and year do you expect to complete all coursework necessary to qualify for the position you hope to obtain? _____

If you are already enrolled, please enclose the statement of charges or the receipt. If you have already paid for the first phase of the training, the check for the grant will be issued directly to you. If you have not yet paid, the check will be made payable and mailed to the educational institution.

Are you receiving financial assistance from any other source to pay for the needed educational training? Yes No *If yes, please indicate the amount you are receiving as well as how long this assistance is available to you:* _____

If you are NOT receiving financial assistance from other sources, have you applied for financial aid through the Financial Aid office or the school or training center you wish to attend? Yes No *If yes, what was the response?* _____

If No, please explain. _____

Note: When you have completed pages 1,2,3 and 5, present your application to your Unit officers for further processing.

Department of Ohio Plan of Action

Unit's Report

This section is to be completed by the Unit Investigator (appointed by the Unit President)
Please provide a narrative explaining the member's situation in more detail to include:

- 1) Why assistance is needed
- 2) Steps that have been taken to obtain other assistance
- 3) Your Unit's plan to assist member
- 4) Your Unit's recommendation to the AEF Grant Committee

(If additional space is needed, attach a separate piece of paper.)

SIGNATURES

IMPORTANT NOTE: This application MUST be signed by the Unit President, Unit Secretary and the Unit Investigator (who is appointed by the Unit President). Those who sign below cannot be related to the applicant. Two signatures are accepted ONLY when the Unit President or Unit Secretary is inaccessible (in the hospital, out of town, etc.), is the applicant or is related to the applicant. Otherwise, all three signatures are required before the application can be processed. ALSO NOTE: The Unit President cannot appoint herself to be the investigator.

Unit Name and Number: _____

Unit President : _____
Printed Name Signature

Address: _____
Street City State Zip Code

Daytime Phone: _____ E-mail: _____

Unit Secretary: _____
Printed Name Signature

Address: _____
Street City State Zip Code

Daytime Phone: _____ E-mail: _____

Unit Investigator: _____
Printed Name Signature

Address: _____
Street City State Zip Code

Daytime Phone: _____ E-mail: _____