



Department of Ohio Plan of Action



AUXILIARY EMERGENCY FUND

CHAIRMAN

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REPORT DUE: April 15, 2021

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. A Unit must submit a this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. Simple or elaborate stories will be accepted as a report. Please complete the following. Be sure to give the complete name of your Unit: _____				
District _____	Unit # _____	Unit Membership Goal _____	Unit Membership Total As of Report _____	
Name of Person Completing Report:			Unit Chair. _____	Unit Pres. _____
Phone # _____	Email _____	Membership ID (if available) _____		
Specific Award Name(if applicable) _____				

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.

Program Summation:

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total Dollars Spent or Raised	Total Number of Patriotic/Veteran Programs/Events
			\$	

The National Cover Sheet is included on the backside of this form.
Please fill out the Unit or Member Portion and send with your Narrative. Send your narrative, this report form and National Cover Sheet to your District or Department Chairman.

Report Deadline: April 15, 2021

Narrative Deadline: April 15, 2021

EMAIL OR MAIL TO DEPARTMENT AEF CHAIRMAN

mindi1036@gmail.com
Mindi Rue
PO Box 10
Dupont, Ohio 45837-0010

Department of Ohio Plan of Action



American Legion Auxiliary National Report and Award Cover Sheet

See the Annual Supplement to the Programs Action Plan to determine where to send this form.
Please note, your report will also be viewed as an award entry if this cover sheet is attached.

Complete the following if you are applying for a member award.

Unit #: _____ Full official unit name: _____

Name of state where you are a member: _____

Member's Full Name: _____ ALA member ID#: _____

Nominating Member (if different from above): _____

Nominator's Phone number: (____) _____

Nominator's Email address: _____

National committee sponsoring award: _____

Name of the award you are applying for: _____

For a unit award or to submit a year-end unit narrative report, please complete this section. Be sure to give the complete name of your unit. The award certificate will be prepared using the information you include below.

Unit #: _____ Full official unit name: _____

Name of department: _____

Unit president/chairman (**circle one**) name: _____

Above listed person's ALA member ID#: _____ Phone number: (____) _____

Email address: _____

For a department award or to submit a year-end department narrative report, please complete this section:

Name of department: _____

Name of department chairman: _____

Chairman's phone number: (____) _____ ALA member ID#: _____

Chairman's email address: _____

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AUXILIARY EMERGENCY FUND

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

The Auxiliary Emergency Fund provides temporary emergency 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.
- Have a balloon raffle. Sell balloons with a ticket inside that matches a prize. The buyer will not know what they have won until they have popped the balloon. See donations for the prizes and display them on a table. Examples could be gift cards, merchandise, handmade crafts, homemade cakes/pies/cookies. Plan to have a grand prize that would appeal to anyone.
- Do a grab bag.
- Set a dollar amount and have members purchase items (things anyone could use that will fit into a brown paper lunch bag, can include gag items). Have Post members, Sons, guest, etc. purchase them.
- Have a grand prize bag.

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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. AEF frequently asked questions and additional AEF information are available on the AEF page at www.ALAforVeterans.org.
4. 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.

Auxiliary Emergency Fund Reporting:

Mid-Year Reports

Mid-Year reports reflect the program work of units in the department and are intended as an opportunity for mid-year correction. Each Unit AEF chairman is required to submit a narrative report by **December 15, 2020** to the Department AEF chairman.

Year-End Reports

Annual reports reflect the program work of units in the department and may result in a national award for participants if award requirements are met. Each Unit AEF chairman is required to submit a narrative report by **April 15, 2021** to the Department AEF chairman. Narrative must include the work done from 2019-2021.

DEPARTMENT AWARD INFORMATION & DEADLINE

“Ardith Cooper” Plaque – This plaque will be awarded to the Unit with the highest donations per capita based on donations received in Department Headquarters by June 1, 2021. This will be calculated by Department Headquarters and given at Department Convention.

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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 spouse's last date of employment: _____

Is your spouse a veteran? Yes No

If yes, please list dates of service: _____

If spouse is 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 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 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: _____

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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.

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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.

Applicant Signature

Date

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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.*

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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.

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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: _____