



Department of Ohio Plan of Action



NATIONAL SECURITY

CITATION OF MERIT



REQUIREMENT

CHAIRMAN

Sharon McClain

1322 Forest Glen Dr.

Cuyahoga Falls, OH 44221

(330) 923-9746

Email – smcl84119@yahoo.com

REPORT DUE: April 15, 2023

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)					

Answer the following Questions in your narrative.

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.

- What National Security activities and/or projects were done by your Unit that were not near a military installation? _____

- When preparing care packages to send to our troops, how did you utilize the community? Please explain. _____

- Please check off the other things listed under National Security you're your Unit participated in. Please give a brief explanation of the activities.
 - Present Blue Star and Gold Star Banners? _____
 - Did your Unit recognize MIA families following notification of remains? _____

Department of Ohio Plan of Action

- Host a blood drive? _____

- Write letters to the troops? _____

- Have a POW/MIA chair at meetings? _____

- Recognize ROTC and JROTC cadets? _____

- How did your Unit participate and recognize family during National Military Appreciation Month? Local Military Appreciation Recognition? _____

- Wear RED on Friday in honor of our deployed service members? _____

2. Our ALA Service for Military Families

	Service for Military Families	Obtain Total From	Member	+	Unit	=	Total
Line 8	Total hours members volunteered	<i>Member Form Line 5</i>			N/A		
Line 9	Total dollars spent	<i>Member Form Line 6</i>	\$		\$		\$
Line 10	Number of military families served	<i>Member Form Line 7</i>					

Department of Ohio Plan of Action



American Legion Auxiliary National Security Report and Award Cover Sheet

**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: _____

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

Address _____

Phone number: (____) _____

Email address: _____

Department National Security Chairman: _____

Address: _____

Phone number: (____) _____

Email address: _____

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: _____

Department of Ohio Plan of Action

NATIONAL SECURITY

Key Program Statements:

- The National Security program maintains and promotes a strong national defense by strengthening and supporting military servicemembers and their families.
 - Support active-duty military families by working with an installation Family Readiness Group (FRG). Contact the Family Readiness Center on your nearby military installation for more information.
-
1. **Objective Goal:** Support the military families with assistance with social and emotional needs.
 - a. **Action Step:** Hold a fundraiser to raise funds to help military families and veterans in your community to help with their day-to-day expenses.
 - b. **Action Step:** If your members do not know of families in your area, contact your Legion or County Service Officer to offer help to a family in your that has needs.
 - c. **Action Step:** Support active-duty military families by working with an installation Family Readiness Group (FRG). Contact the Family Readiness Center at a nearby military installation for more information of what type of needs are requested.
 - d. **Action Step:** Participate with Operation Comfort Warriors with your Legion. It is a program dedicated to meeting the needs of wounded, injured or ill military personnel by providing them with comfort items not usually supplied by the government.
 - e. **Action Step:** Sponsor a blood drive in your community. Ask for volunteers to babysit with children while parents are making their donation. Purchase snack items and drinks for those who donate.
 - f. **Action Step:** Coordinate with your community organizations for donations or monetary donations to place in service member care packages. Items could include snack items, toiletry items, feminine items, etc. Pick a time where volunteers can participate in assembling and shipping care packages. Prepare the military family at home support packages. These can contain similar items for more for children and spouses. Support packages can also include restaurant/gas/grocery gift cards.
 - g. **Action Step:** Ask members and the community to save coupons that can be cut and sorted for our military. Many nursing homes are willing to volunteer to cut the coupons apart and sort them (great fine motor skills). Check with local businesses to leave a small box that their customers could donate these pages.
 - h. **Action Step:** Adopt a military family. Check with a local military installation for names of families that could use some help year-round or just during the holidays. Ask for donations that will help the military family from people or businesses in your community. Place a Christmas tree in a prominent place with items needed for each member of the family.

 2. **Objective Goal:** Department of Ohio, Military Family Assistance Fund (MFAF)
 - a. **Action Step:** Fund is set up to provide financial assistance to Veterans and their families that find themselves in a financial hardship due to medical expenses, relocating, transitioning out of active duty and other various reasons. Units are encouraged to make donations to this fund to keep this financial assistance ongoing for those that need it. Write letters to your Legion, local businesses and community organizations asking for donations to this program.

Department of Ohio Plan of Action

- b. **Action Step:** Promote this program in your district to encourage veterans and military families to apply for financial assistance. Ask for an officer to come and talk about some of the ways we have been able to help our veterans and military families. Pass out the brochure that has more information on how donations can be used and how to apply. Brochure and application are included in this Plan of Action.

NATIONAL SECURITY RESOURCES

- National Security Facebook page: <https://www.facebook.com/groups/915563745139663>
- ALA National website: <https://member.legion-aux.org/member/committees/national-security>
- TAL National website: <https://legion.org>
- Operation Comfort Warriors: www.legion.org/troops/operationcomfort

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 National Security Chairman is required to submit a narrative report by April 15, 2023, to the Department National Security Chairman.**

NATIONAL AWARD INFORMATION & DEADLINE

Most Outstanding Unit National Security Program – one per division. The Avonelle Clinger Plaque winner will be sent on to National to compete for this National Award.

DEPARTMENT AWARD INFORMATION & DEADLINE

Avonelle Clinger Plaque – A plaque will be presented to the Unit Chairman report with the “Best All-Around National Security Program” based on the annual report/narrative. Entries must be typed in narrative form and may include pictures and newspaper articles. Narrative form must be completed and mailed to Department National Security Chairman Gloria Verbeke, PO Box 126, McClure, OH 43534 by **April 15, 2023**.

Phyllis Nickoson Plaque – A plaque will be presented to the District President with the highest percentage of Units reporting on National Security. This report form deadline is **April 15, 2023**.

Department of Ohio Plan of Action

Necessary Information for Application

1. The application must be completed fully to the best of your ability.
2. Supporting documentation that is required

A. Copies of billing statements

B. Estimates for repairs or replacements

C. Estimates for food, clothing, expenses.

3. A statement in your own words explaining the need for financial assistance, not to exceed 250 words.

Veteran:

You must produce one of the following...

A. Order of Separation

B. VA Printout which includes discharge status

C. Other Official proof that clearly indicates dates of active duty and character of discharge.

Active Duty Personnel

You must provide the following...

A. Deployment Orders

B. Official letter from commanding officer detailing duty assignment.

For more information or an application please contact:

American Legion Auxiliary Unit # _____

Name: _____

Phone: _____

American Legion Auxiliary

Department of Ohio

PO Box 2760

Zanesville, Ohio 43702

Phone: 740-452-8245



AMERICAN LEGION
AUXILIARY

Serving veterans, their families and their communities



The American Legion Auxiliary
Department of Ohio

Military Family Assistance Fund

MISSION:

Providing Funds to

Assist Military Service

Members and their

Families

A program instituted by the Department of Ohio American Legion Auxiliary to help Veterans, Active Duty Service Members and their Families

Department of Ohio Plan of Action



What is the Military Family Assistance Fund?

It's a new program developed and introduced by the American Legion Auxiliary to come to direct aid of our veterans and their families.

The program offers financial assistance for eligible veterans and their families. There is money available to assist in covering the costs of maintaining basic family needs such as the costs of shelter, food, utilities, and health expenses. Helping to keep a stable home environment. Funding can include, but is not limited to, family living expenses including rent, mortgage payment and utility bills; medical expenses; childcare for working parents; insurance premiums, and assist with necessary home repairs.

It is not necessary to be a member of the American Legion or American Legion Auxiliary to apply. Assistance is in the form of grant and doesn't not have to be paid back. We only ask that you "pay it forward" and someday do a good deed for another.

Who is eligible?

Ohio residents who are....

Active Duty Military Personnel, Veterans who have been honorably or medically discharged, Reservists or National Guard personnel, and Spouses of eligible applicants.

Eligibility is not dependent on American Legion or Auxiliary membership

Grants...

Grants are issued to alleviate cost of living expenses including food, shelter, utilities, clothing, home owners insurance premiums, home repair, providing handicapped facilities in the home, repair or replacement of major appliance. Reconnect utilities, and prevent eviction or foreclosure. To alleviate the cost of current medical expenses, or to assist in payment of outstanding medical bills. The grants also provide assistance in finding transportation for going to work, provides assistance for child care if the custodial parent must find employment, Each application will be considered and based on the family's needs. Grants are payable up to \$750.00 Grant recipients may have their requested bills partially or fully paid. Awards are paid directly to the creditors. No funds shall be paid directly to the grant recipients.

American Legion Auxiliary...helping not only the Veteran but their entire family.

How are moneys for these grants available?

The largest financial contributor to this fund are the local and state American Legion Auxiliary members who make donations through their local Unit in order to help individuals in their Fund raisers are conducted at the local Units and state events in order to increase the fund, thus increasing its giving capacity.

The American Legion Auxiliary partners with Corporate Organizations that want to give back to Ohio's Veterans.

If you would like to make a donation to the ALA Military Family Assistance Fund please contact the Department of Ohio, ALA

How to get started...

Applicants must contact an Auxiliary Unit in their local community to receive an application or can contact the Department Headquarters and one will be sent. Once the Veteran or Service Member or Service Member's Family has completed the application and provided all necessary documentation then it must be sent to the local Unit for a review. The Unit is to review the applicant's information and backup documentation. Once everything is provided the Unit is responsible for sending it to the Department Headquarters for approval. The Applicant and the Unit will be notified of the assistance rewarded.

If the Applicant is unaware of a local Unit in their community the Department Headquarters will assist in finding a sponsoring Unit and point of contact to assist in the grant application process.

The Military Family Assistance Fund focuses on the needs of our military personnel, young veterans, and their families, a demographic that the American Legion Family must appeal to and be active with to have a sustainable organization. It is through programs such as this that the American Legion Auxiliary can expand its services in our communities. We encourage those that participate as well as grant recipients to have a strong focus on "Paying it forward".

Department of Ohio Plan of Action

American Legion Auxiliary
 Department of Ohio
**Military Family Assistance Fund
 Grant Application**



Please type or print responses in black ink.

I. APPLICANT INFORMATION			
Last Name	First	M.I.	Birth Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone		Cell Phone	
E-mail Address			
Relationship to Veteran			
II. SERVICE MEMBER/VETERAN INFORMATION			
Last Name	First	M.I.	Birth Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone		Cell Phone	
E-mail Address			
Branch of Service		Rank (at Discharge or Present)	
Active Duty Dates	From	To	Discharge Date
III. DEPENDENT INFORMATION			
<i>Please list the names of all dependents living in the service member or veteran's home.</i>			
Full Name		Relationship to Veteran	
Birth Date		Relationship to Applicant	
Full Name		Relationship to Veteran	
Birth Date		Relationship to Applicant	
Full Name		Relationship to Veteran	
Birth Date		Relationship to Applicant	
Full Name		Relationship to Veteran	
Birth Date		Relationship to Applicant	

Department of Ohio Plan of Action

IV. MOST RECENT EMPLOYMENT	
What is the applicant's employment status? <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Laid-Off <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Unemployed	
Place of Employment	Job Title
Dates of Employment	Monthly Income
Place of Employment	Job Title
Dates of Employment	Monthly Income
Place of Employment	Job Title
Dates of Employment	Monthly Income
What is the veteran's employment status? <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Laid-Off <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Unemployed	
Place of Employment	Job Title
Dates of Employment	Monthly Income
Place of Employment	Job Title
Dates of Employment	Monthly Income
Place of Employment	Job Title
Dates of Employment	Monthly Income

V. ADDITIONAL MONTHLY INCOME	
<i>List your additional monthly income not related to your salary. Please attach documentation of household wages, benefits, or assistance.</i>	
Unemployment Insurance	Food Stamps
VA Pension/Compensation	WIC
Public Assistance	Workman's Compensation
Social Security Benefits	Alimony/Child Support
Other (Please Specify)	

VI. MONTHLY EXPENSES	
Home (Mortgage Payment or Rent)	Telephone
Electricity	Child Care
Natural Gas/Propane/Oil	Medication
Water/Sewage	Toiletries
Food	Insurance
Other (Please Specify)	

Department of Ohio Plan of Action

VII. CREDITOR INFORMATION

The Military Family Assistance Fund will cover rent, utilities, and other necessities by providing payments directly to creditors. Please include copies of all bills, utility statements, or other proof of expense to be considered for payment.

Name of Payee/Company		Account Number	
Street Address			
City	State	ZIP	
Monthly Expense	Amount Past Due		
Name of Payee/Company		Account Number	
Street Address			
City	State	ZIP	
Monthly Expense	Amount Past Due		
Name of Payee/Company		Account Number	
Street Address			
City	State	ZIP	
Monthly Expense	Amount Past Due		
Name of Payee/Company		Account Number	
Street Address			
City	State	ZIP	
Monthly Expense	Amount Past Due		
Name of Payee/Company		Account Number	
Street Address			
City	State	ZIP	
Monthly Expense	Amount Past Due		
Name of Payee/Company		Account Number	
Street Address			
City	State	ZIP	
Monthly Expense	Amount Past Due		

Department of Ohio Plan of Action

X. DISCLAIMER AND SIGNATURE

I authorize the American Legion Auxiliary to verify the information provided on this form for the purpose of investigating the application for a Military Family Assistance Grant.

I understand membership in the American Legion, American Legion Auxiliary, or Sons of the American Legion is not required for Military Family Assistance Grants.

I certify that my answers are true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information may result in disqualification from assistance.

Name of Applicant
(Please Print)

Applicant's
Signature

Date

Please include copies of the following forms and billing statements:

- DD214 or proof of active-duty military service (**please note* Service Member must be currently serving or discharged within the past 4 years to be applicable**)
- Monthly Household Income Statements
- Copies of the bills or expenses for which you are requesting assistance
- If possible, blank payment stubs or slips to accompany copies of the bills

XI. LOCAL AMERICAN LEGION AUXILIARY UNIT REVIEW

The local Auxiliary Unit is responsible for assisting in the completion of the application and ensuring the applicant meets all requirements of the grant. Once the applicant has been assisted and application reviewed, the reviewer and officer of the Unit must sign off on the application. Upon completion forward all documentation to the Department of Ohio for approval.

Auxiliary Unit Name

Contact #:

Aux. Unit
Representative/Reviewer

Contact Information:

Reviewers Signature

Date

Unit Officer Signature

Date

When the Applicant completed this form and the Unit has reviewed, please include all required paperwork, and mail it to

American Legion Auxiliary
Department of Ohio
PO Box 2760
Zanesville, Ohio 43702-2760

If you have any questions, please call (740) 452-8245.

Thank you for your service to America.

Department of Ohio Plan of Action

Department of Ohio Plan of Action



Past Presidents Parley Committee
**SALUTE TO SERVICEMEMBERS
AWARD NOMINATION FORM**

Send Completed Form and Narrative to:

Kathy Heichel
513 Ross Rd.
Bellville, OH 44813

Established in 2003, this award has evolved from honoring women veterans to honoring active-duty women, to honoring all enlisted personnel who are currently serving our country in the Army, Navy, Marine Corps, Air Force, Coast Guard, Space Force, and the National Guard/Reserve.

One enlisted servicemember from each branch of service as well as the National Guard/Reserve will be recognized at the American Legion Auxiliary National Convention. Recipients will attend the National Convention as guests of the Auxiliary.

Nomination Criteria:

- A servicemember currently serving in the U.S. Armed Forces with six months or more of federal service and National Guard/Reserve with less than six months of federal service.
- A written narrative or YouTube video that demonstrates exemplary service both in and out of uniform.
- Servicemember must be willing to be a guest of the Auxiliary and speak to the general assembly of the American Legion Auxiliary National Convention.
- If self-nominated, endorsement from a member of their command group must be included.
- All nomination forms must be submitted by **April 15, 2023**.

Next Steps:

- The nominating person or the servicemember writes a narrative (750 words or less) or creates a YouTube video (3 minutes or less) that shows the nominated member demonstrating exemplary service both in and out of uniform.
- The following form must be completed and submitted by **April 15, 2023**, to Department Chairman. Written narratives should be attached. YouTube video links should be pasted in the box provided on the following form.
- Endorsement from a member of their command group must be included.

YouTube Video Checklist

If you choose to submit a video, please be sure to check that your video:

- does not contain any copyrighted music, video, images, or text (not legally owned)
- is not set to "private;" your video must be public.
- is under 2GB in size,
- is in .AVI, .MOV, .WMV, or .MPG file formats
- is 3 minutes or less in length

Department of Ohio Plan of Action

Servicemember's Name:	
Servicemember's Email:	
Servicemember's Phone Number:	
Servicemember's Branch of Service:	
Servicemember's Rank:	
Servicemember's Date of Enlistment:	
Servicemember's Awards and Decorations, <i>if any</i> :	
Name of Person Making this Nomination, <i>if not the nominee</i> :	
Email of Person Making this Nomination, <i>if not the nominee</i> :	
Phone Number of Person Making this Nomination, <i>if not the nominee</i> :	
Is the servicemember able to attend National Convention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the servicemember comfortable with public speaking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written Narrative: Please attach separate document to this form.	
YouTube Video: copy and paste your video link in the box to the right.	
Endorsement from a member of their command group. Please attached separate document to this form.	