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DISASTER EMERGENCY ASSISTANCE PROGRAM

Instructions and Application

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The Ohio Disaster Emergency Assistance Program offers help to members and Units directly involved in a disaster. Individual members as well as Units may apply for financial assistance.

DISASTER EMERGENCY ASSISTANCE PROGRAM

INSTRUCTIONS

REQUIRED APPLICATION INFORMATION: In order to obtain a grant from the Ohio Disaster Emergency Assistance Program, the applicant must have sufficient, documented information to justify the need. Therefore, the application must be filled in completely and accurately. **Application for grants must be made within 30 days of the date the emergency occurred.** If needed, additional supporting data (photos, estimates, etc.) should be attached. Please type or print clearly.

Application Information

1. **Date** - Date of application.

2. **Name** - The applicant's name.

3. **Title** - For Unit requests ONLY.

4. **Membership Number** - The applicant's membership number.

5. **Unit Number** - Unit Number where the applicant is a member.

6. **Address** - Applicant's full mailing address where approved funds are to be sent.

7. **Telephone** - The applicant's telephone number or a number where the applicant can be reached if her telephone is not working.

8. **Signature** - The signature of the member who completed the application and will receive the approved funds.

9. **Date of Loss** - Date loss or need occurred.

10. **Type of Disaster** - Type of disaster which caused loss or need.

11. **Description of Loss/Need** - Describe the personal or Unit property that will be cleaned, repaired, or replaced. You must also provide supporting documentation such as photographs, statements, and estimates regarding your loss or repair.

12. **Unit Certification** - Signature of Investigating Member or Unit Officer attesting to the validity of this claim. Please attach investigation report.

13. **Repair/Replacement Estimate** - The amount needed to clean, repair, or replace the item(s) for which you are requesting financial assistance.

14. **Amount Available From Other Sources** - Assistance you have or will receive from the Red Cross, American Legion Post or Auxiliary Unit, and/or other community groups.

15. **Income/Dependents** - Your combined monthly income and the number of people residing in the household.

SPECIAL NOTE: Send completed application to Department Headquarters at the address shown below. If additional information is required, the Department Secretary will either call or return the application to the sender describing the additional information needed.

Send completed application to: **AMERICAN LEGION AUXILIARY**
DEPARTMENT OF OHIO
PO BOX 2760
ZANESVILLE OH 43702-2760

For additional information call: **(740) 452-8245**

Ohio Unit Plan of Action

DISASTER EMERGENCY ASSISTANCE PROGRAM

APPLICATION

Please Type or Print Clearly

Type of request :   ☐ Unit Request (Must be completed by the authorized Unit Officer)
(check one)   ☐ Individual Member Request

1. Date _____
(Date of Application)

2. Name _____   3. Title _____
   (First)   (MI)   (Last)   (For Unit requests ONLY)

4. Membership Number _____   5. Unit Number _____
              (Full 9-digit number)

6. Address _____
     (Street, Route, Apartment, PO Box, etc.)   (City)   (State)   (Zip Code)

7. Telephone (_____)_____   8. Signature _____
       (Area Code)   (Applicant's signature)

9. Date of Loss _____   10. Type of Disaster _____
        (Date loss or need occurred)   (Flood, fire, tornado, etc.)

10. Description of Loss/Need (Use back for more room) _____

_____

_____

_____

_____ (Attach all supporting documentation, i.e. photographs, estimates, etc.)

11. Unit Certification _____ (Please attach investigation report.)
        (Signature of Investigating Member or Unit Officer)

12. Repair/Replacement Estimate $_____

13. Amount Available From Other Sources $_____
                  (From donations, Red Cross, community groups, etc.)

14. Income/Dependents—Monthly Income $_____   Number of Dependents _____
                                                            (Living in household)

FOR OFFICE USE ONLY

☐ Approve
☐ Disapprove

Recommended amount $_____   Date of award _____

Signature _____   Signature _____
     (Department Secretary)   (Department President—if required)