

Application for Family Enrichment Program Funds

Name:		Date:
Address:		
Length of time at above address:		
Home Phone:	Cell Phone:	Work Phone:
Email address:		
Best method to contact:		
Please provide the number of people living in your household over age 18:		Under 18:
Name of family servicemember and military branch:		
Your relationship to the family servicemember:		
Family servicemember's address of record with Department of Defense at the time of their death:		
Location of family servicemember's death:		
Name of military operation my family servicemember was serving at the time of their death:		
Has the Department of Defense determined your family servicemember died as a result of their military service?		
Duty status of your family servicemember at the time of their death (active, reserve, separated, etc.)		
Date of family servicemember's death:		

Please provide a list of other assistance (including military benefits) you may have received related to your family servicemember's death – include the name of the agency which provided the assistance, the approximate amount of the assistance (if appropriate) and the approximate date(s) you received this assistance.

Please describe the type of expenses you are seeking to be reimbursed from the Family Enrichment Program. Please attach supporting documentation to this application which describes these expenses (for example, program/course/service/ descriptions).

Are the expenses listed above reimbursable by any other resource, including health insurance?

Please attach copies of receipts for the expenses you are seeking to be reimbursed by the Family Enrichment Program.

I hereby certify that the information I have provided above is true and accurate to the best of my knowledge.

Signed:

Date: