

New Jersey National Guard State Family Readiness Council

FAMILY GRANTS PROGRAM

Applicants are strongly encouraged to seek assistance from Family Assistance Center (FAC) Coordinators with completing the Family Grant application. FAC Coordinator contact information is listed below.

INSTRUCTIONS FOR APPLICATION

Please enter the following information in the appropriate block on the grant application:

- Enter the name of the person applying for the grant.
- Enter the email address of the applicant.
- Enter the mailing address of the applicant.
- Enter the home, work, and cell phone numbers of the applicant.
- Enter the rank and name of the service member.
- Enter the branch of service and unit of the service member.
- Enter deployment / period of active duty dates.
- Enter gross monthly household income.
- Enter the number and ages of children in the household.
- Enter the specific relationship of any other household member.
- *Attach required statement.
- Check the appropriate blocks for any items being attached.
- Applicant's signature and date below the applicant's certification.
- All remaining blocks are for the use by the FAC Coordinator and Finance Committee.

***Note:** The required statement submission must be signed and dated by the applicant and attached to the application. This statement must include:

- (a) A description the circumstances that created the current financial need (e.g., disabling injury of income provider, increased child care costs associated with spouse's longer work hours);
- (b) The specifics of the type of assistance you are requesting (e.g., rent/mortgage payments, auto repairs, utility bills; doctor's bills, hospital bills);
- (c) The specifics of any steps you have taken to remedy your situation and the result of those efforts (e.g., working longer hours, contacting creditors to negotiate a more achievable payment schedule)
- (d) The specifics of any applications you have made for assistance from other organizations, including the result of those efforts.

New Jersey National Guard Family Assistance Centers

You can contact the FAC Coordinator most convenient to you by dialing their number listed below or by calling the Toll Free Number 1-888-859-0352 and following the instructions once you reach the automated menu.

Joint Military & Family Assistance Center
1048 US Highway 206 South
Bordentown, NJ 08505-2124
POC: Michael Hughes
WP: (609) 324-7030
CP: (609) 802-2241/338-9812
michael.t.hughes.ctr@mail.mil

Morristown Armory
430 Western Ave
Morristown, NJ 07960-0499
POC: John Hales
WP: (973) 656-3592
CP: (609) 802-6921
john.a.hales.ctr@mail.mil

Lawrenceville Armory
151 Eggert Crossing Road
Lawrenceville, NJ 08648-2897
POC: Jane Hackbarth
WP: (609) 671-6681
CP: (609) 802-6911
jane.e.hackbarth.ctr@mail.mil

Army-FAC Egg Harbor Township, NJ
400 Langley Road
Egg Harbor Township, NJ 08234
POC: Michael Hughes
WP: (609) 761-6546
CP: (609) 802-2241/338-9812
michael.t.hughes.ctr@mail.mil

108th Wing
3327 Charles Blvd
McGuire AFB, NJ 08641
WP: (609) 754-4479
CP: (609) 385-6251
douglas.ridgway@ang.af.mil

Toms River Armory
1200 Whitesville Road
Toms River, NJ 08753
POC: Maria Morro
WP: (732) 341-9102 ext13
CP: (609) 341-6579
maria.d.morro.ctr@mail.mil

Woodbury Armory (Mon, Thu, Fri)
658 N Evergreen Ave
Woodbury, NJ 08096
POC: Michele Daisey
WP: (856) 251-6893
CP: (609) 802-6924
michele.daisey1.ctr@mail.mil

Jersey City Armory
678 Montgomery Street
Jersey City, NJ 07306-2208
POC: Bernard Sims
WP: (201) 915-3589
CP: (609) 668-5282
bernard.sims.ctr@mail.mil

AFRC, Blackwood, NJ (Tue, Wed)
390 Woodbury Turnersville Rd
Blackwood NJ 08012
POC: Michele Daisey
WP: (856) 481-9341
CP: (609) 802-6924
michele.daisey1.ctr@mail.mil

177th Fighter Wing
400 Langley Road
Egg Harbor Township, NJ 08234
WP: (609) 761-6248
CP: (609) 385-3683
jean.perry@ang.af.mil



New Jersey National Guard State Family Readiness Council (NGSFRC)

Family Grant Application

Please complete this form in its entirety. The information will be used to determine your eligibility for a Family Grant.

Name of Applicant:	E-mail Address:
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Mailing Address:

Home Phone:	Work Phone:	Cell Phone:
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Rank / Name of Military Member:	Branch of Service:	Unit:
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DEPLOYMENT / PERIOD OF ACTIVE DUTY DATES:

From:	To:	From:	To:
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THE SECTION BELOW IS TO BE COMPLETED BY CURRENTLY MOBILIZED SERVICEMEMBER/FAMILY:

Gross monthly income of job salary, military earnings and spouse's salary <u>before</u> mobilization:	
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Gross monthly income of Servicemember and spouse while mobilized:	
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THE SECTION BELOW IS TO BE COMPLETED BY SERVICEMEMBER/FAMILY THAT HAVE RETURNED FROM MOBILIZATION:

Gross monthly income of job salary, military earnings and spouse's salary <u>before</u> mobilization:	
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Current <u>GROSS</u> monthly income of job salary, military earnings and spouse's salary	
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Number of children in the household:	Age(s):	Others in household: (specify)
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Attach a statement explaining:

(a) The circumstances that created your current financial need;

(b) The specifics of the type of assistance you are requesting, for example, but not limited to, assistance in paying for any of the following types of services, housing or emergency housing repairs, automobile repairs, utility services, and medical services;

(c) The specifics of any steps you have taken to remedy your situation and the result of those efforts, e.g., contacting creditors to negotiate a payment schedule within your means or drawn on and/or depleted savings; and

(d) The specifics of any applications you have made for assistance from other organizations including the result of those efforts.

In addition to the statement required above the following items are attached and included as a part of this application.
Items noted with an asterisk () are required:*

<input type="checkbox"/> *Most Recent Leave & Earnings Statement (DFAS Form 702)	<input type="checkbox"/> *Deployment Orders and/or Discharge Papers (DD Form 214)		
<input type="checkbox"/> Current Overdue Bills (Copies Only)	<input type="checkbox"/> Repair Cost Estimate(s)	<input type="checkbox"/> Eviction Notice	<input type="checkbox"/> Other: (Specify)

I, the undersigned, hereby authorize the New Jersey State Family Readiness Council and/or its representative(s) to request and/or release any information, which in their judgment, is needed to clarify information contained in this application and to secure assistance on my behalf. I also release the New Jersey Family Readiness Council and/or its representative(s) from any liability as they seek to assist me. I also certify that all information contained in this application is true, correct, and complete to the best of my knowledge.

Applicant's Signature:	Date:
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THE SECTION BELOW IS FOR FAC COORDINATOR & FINANCE COMMITTEE USE ONLY

Name of Reviewing Family Assistance Center Coordinator:
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Coordinator's Signature:	Date:
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Finance Committee Action:	<input type="checkbox"/> Grant Approved in the Amount of:	Date:
	<input type="checkbox"/> Grant Not Approved	Date:

(New Jersey NGSFRC is not affiliated with the Department of Military and Veteran Affairs or any other State of New Jersey Government Agency)