**AIR FORCE AID SOCIETY**

**EMERGENCY ASSISTANCE REQUIRED DOCUMENTATION**

**Note: Upload documentation that specifically pertains to your financial assistance need and any other documentation not listed but would help in processing your application.**

**FALCON ASSIST APPLICATION (up to $1500) – Active Duty, Guard, Reserve, Spouse with Power of Attorney (POA)**

|  |  |  |
| --- | --- | --- |
| **Military ID** | Front and back |  |
| **Leave and Earning Statement (LES)** | Military member |  |
| **Civilian Pay Statement** | Guard/Reserve |  |
| **Military Activation Order** | Guard/Reserve on active duty |  |
| **Power of Attorney** | If not the military sponsor |  |
|  |  |  |
| **CATEGORY OF NEED** |  |  |
| **Vehicle Repair** | - Vehicle Registration  - Proof of Insurance |  |
| **Dorm Relocation (Involuntary Relocation)** | First Sergeant Referral Certificate |  |
| **Emergency Travel (Extended Family – grandparent, uncle, aunt, nephew, etc.)** | **AF Form 988** "Leave Request/Authorization" |  |
|  | **Airfare:**  **AFAS purchase** – Provide departure/arrival airport, departure/return dates, number of tickets (self & dependents) in application statement of need.  **Online purchase** – Provide Itinerary w/cost. |  |
|  | **POV Travel:** Document showing mileage to/from home to emergency location |  |

**STANDARD ASSIST APPLICATION**

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| --- | --- | --- |
| **Military ID** | Front and back |  |
| **Leave and Earning Statement (LES)** | Military members |  |
| **Civilian Pay Statement (LES)** | Guard/Reserve/Retiree/Widow(er) members |  |
| **Budget** | System attachment |  |
| **Military Activation Order** | Guard/Reserve on active duty |  |
| **Retirement Account Statement (RAS)** | If a retiree receiving retirement pay |  |
| **VA Disability Letter** | If receiving disability income |  |
| **Power of Attorney** | If not the military sponsor |  |
|  |  |  |
| **CATEGORY OF NEED:** |  |  |
| **Funeral Expenses** | - Funeral Home Estimate(s)  - Deceased Transportation Cost (if req’d from another location)  - Burial Site Estimate/Cost (if req’d) | Assist is typically for dependents |
| **Dental** | Estimate/Emergency Cost |  |
| **Medical** | - Co-pay Bill  - Medication Bill  - Special Equipment Estimate |  |
| **Cranial Helmet** | - Doctor’s Prescription  - TRICARE/Other Insurance Denial Letter  - Estimate | All documents required |
| **Special Needs (EFMP)** | - vMPF Data Sheet (show Q Code – EFMP)\*  - Estimate/Cost\*  - Doctor/Therapist Recommendation (confirm equipment/need will help) | \*Documents required |
| **Mortgage** | Payment Invoice/Past Due Notice |  |
| **Rent** | - Lease Agreement\*  - Past Due/Amount Owed Notice  - Eviction Notice (if served) | \*Page(s) showing renter(s) & monthly payment |
| **Rent – 1st month and/or Security deposit** | Approval Notice/Lease Agreement |  |
| **Short Notice Medical Retirement/Separation** | - Lease Agreement  - Utility deposit notice  - Relevant documentation for determination |  |
| **Housing Allowance (HALO)** - **OCONUS** | -Lodging Invoice/Bill (if request is for lodging assist)  - Rental Agreement (if request is for rent/deposit) |  |
| **Utilities**  **(**Phone,Electric, Home Gas, Water) | Invoice/Bill |  |
| **Other Basic Living Expenses**  (Food, gas, etc.) |  | No documents required |
| **Emergency Travel (Death/Illness of Immediate Family Member:**  **member's spouse and member’s or spouse's parents (including stepparents), children, brothers and sisters)** | **AF Form 988** "Leave Request/Authorization" **or AF** **Form 972** "Request and Authorization for Emergency Leave"  **In Loco Parentis (ILP) Affidavit (If member invokes ILP)** - a. A person who stood in place of the member’s parent for a period of at least 5 years before the member became 21 years of age or entered military service. b. The person provided a home, food, clothing, medical care, and other necessities, and gave moral, disciplinary guidance, and affection. | No budget required  SM with AF Form 972 – Airfare is Unit funded |
|  | **Airfare:**  **AFAS purchase** – Provide departure/arrival airport, departure/return dates, number of tickets (self & dependents) in application statement of need.  **Online purchase** – Provide Itinerary w/cost. |  |
|  | **Lodging:** Online document showing lodging reservation/# of nights/cost |  |
|  | **Vehicle Rental:** Online document showing # of days and cost |  |
|  | **POV Travel:** Document showing mileage to/from home to emergency location |  |
| **Pet PCS Transportation (To/From OCONUS)** | - PCS Order  - Transportation (only) Estimate/Cost | All documents required  Request is submitted within 60 of relocation/PCS |
| **Pet Emergency Surgery/Emergency Illness** | - Invoice/Bill  - Vet memo stating surgery/treatment was immediate need. | All documents required  Request must be submitted within 30 days of service |
| **Emergency Home Repair** | Two Repair Estimates | AFAS does not typically assist with this category but can apply for exception consideration |
| **Child Care** | Bill/Invoice | CDC Care, Off Base Care |
| **Vehicle Expenses**  (Payment, insurance, registration) | Bill/Invoice |  |
| **Vehicle Repair** | - Vehicle Registration  - Proof of Insurance  - Two Repair Estimates | All documents required |
| **Vehicle Initial Registration/Tags/Titles/Taxes** | - Dept. of Motor Vehicle invoice  - Proof of insurance | Only in states where not included in purchase contract and SM unaware |