

**The Salvation Army
Home Front War Relief
Draft Revised 4-21-03**

Background

In an effort to provide immediate comfort and relief while the country is at war, The Salvation Army has expanded its service programs to address the needs of U.S. troops, their families and their communities. The Salvation Army's role is to assist U.S. troops and their families stay strong while dealing with the many spiritual, emotional and physical challenges this war presents. The Army's Home Front War Relief will support the families of troops, separated from their spouses and/or parents, with financial assistance for meeting basic human needs, along with problem-solving casework, counseling and other supportive services. The Salvation Army is committed to nurturing the spirits of all those affected by the war. Families of reservists, National Guard men and women and active duty military may need extra help in meeting basic home and family needs during deployment. Funding has been made available through National Headquarters for this initiative. For those requesting assistance, information regarding local contacts can be obtained by phoning 800-SalArmy.

Eligibility

Spouses and/or dependents with deployed military personnel will be eligible for services. Verification of need will include...

- Proof of military deployment; and
- Documentation of specific request for assistance (e.g. statement or billing invoice); or
- Self declaration of need when documentation is not available (e.g. food request)

Services

- One-time supportive material assistance
- Casework services, including problem-solving, counseling & support
- Referral to community resources for on-going supportive assistance

Material Assistance

Material assistance is planned for a one month period and may include the following...

Assistance Type	Account Line #	Suggested Amount
Food	8906-101	\$200.00
Lodging	8906-102	\$500.00
Transportation	8906-103	\$300.00
Housing/Mortgage	8906-104	\$700.00
Clothing	8906-105	\$500.00
Furniture	8906-106	\$500.00
Counseling	8906-107	\$500.00
Medical/Prescriptions	8906-108	\$500.00
Rent	8906-109	\$700.00
Utilities	8906-110	\$300.00
Legal	8906-111	\$500.00
Camp	8906-112	\$500.00
Funeral	8906-113	\$500.00
Recreation/Use Fees	8906-115	\$200.00
Gratuities	8906-119	\$200.00
Other	8906-120	

Total assistance should not exceed \$1,000 per family case



Founded in 1865
by William Booth

The Salvation Army

Midland Divisional Headquarters

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John Larsson
GENERAL

Kenneth Baillie
TERRITORIAL COMMANDER

MAJOR
Robert E. Thomson
DIVISIONAL COMMANDER

May 6, 2003

To: Service Units
From: Service Extension

RE: Home Front War Relief

The Salvation Army will be advertising that up to \$1,000 in material assistance will be given to families of soldiers who have been ordered to active duty. This assistance will not be provided by funds raised in your community. If someone wants to donate to this activity send the funds to us and we will apply the funds appropriately.

Your site will use the application enclosed to request the financial assistance. It will then be sent to us by fax or mail. The faster we get the form the faster we can process it. If you do not have a fax check to see if someone will donate the use of their fax. Remember the information you are sending is confidential.

The request will be approved or disapproved from a higher element after the request is processed through a national clearinghouse database. This is not an instant process and at this time we do not know the duration to receive approval/disapproval. If approved we will notify you and process a check(s) from our office. Do not use a voucher or promise they will receive the funds.

When you send the request for assistance we will need a copy of the military orders and invoice or statement to process the check. Inform the applicant that this is a one time disbursement. If they use \$600 this month they can not come back next month for the other \$400. Be holistic in your approach and take care of their needs up to \$1,000. The request form gives a sample of what the funding can be used for.



USA Territory: _____ Division _____

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'Service Record/Reimbursement Request Form'

Note: This form is designed for reimbursement & statistical purposes only; release outside TSA is prohibited
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Personal Information: (for primary recipient of assistance)

Last Name: _____ First Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Number of dependants in household: _____

Military Branch/Unit: _____

Present Employer (if none, leave blank): _____

Services: (Local Unit please check appropriate boxes)

- One-time supportive material assistance
 Casework services, including problem-solving, counseling and support
 Referral to community resources for on-going supportive assistance

Eligibility/ Verification: (Local Unit please check appropriate boxes)

Spouses and/or dependents of deployed military personnel will be eligible for services.

- Proof of military deployment; and
 Documentation of specific request for assistance (e.g. billing invoice or statement); or
 Self declaration of need when documentation is not available (e.g. food request)

Material Assistance: (Local Unit please complete appropriate boxes)

Material assistance is planned for a one-month period not to exceed \$1,000 total.

Assistance Type	Account Line #	Suggested Amount	Actual Amount
Food	8906-101	\$200.00	
Lodging	8906-102	\$500.00	
Transportation	8906-103	\$300.00	
Housing/Mortgage	8906-104	\$700.00	
Clothing	8906-105	\$500.00	
Furniture	8906-106	\$500.00	
Counseling	8906-107	\$500.00	
Medical/Prescriptions	8906-108	\$500.00	
Rent	8906-109	\$700.00	
Utilities	8906-110	\$300.00	
Legal	8906-111	\$500.00	
Camp	8906-112	\$500.00	
Funeral	8906-113	\$500.00	
Recreation/Use Fees	8906-115	\$200.00	
Gratuities	8906-119	\$200.00	
Other	8906-120		

Total assistance granted: \$ _____ (not to exceed \$1,000.00)

Local Unit Reimbursement Request

Local Unit: _____ Telephone # _____

Street Address (City & State) _____

Date of Request: _____

Authorized Representative: _____

- Headquarters Authorization Date: _____
 Check # _____ Date: _____
 Check Mailed to _____ Date: _____