

ILLINOIS MILITARY FAMILY RELIEF FUND (IMFRF) APPLICATION (NG/RESERVE)
If you need assistance completing the application please call within Illinois 1-866-524-ILNG
(4564) or 217-761-3452 from anywhere (DSN 555-3452)
or email: amanda.k.hollinshead.nfg@army.mil

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and SIGN Bottom of Page 1

Mail To:
Illinois Department of Military Affairs
ATTN: IMFRF Coordinator
1301 N. MacArthur Blvd.
Springfield, IL 62702-2317

National Guard
and Reserve
Applicants Only

MILITARY MEMBER'S INFORMATION (The address provided will be the check mailing address.)

NAME: _____ BIRTHDATE: _____
HOME ADDRESS: _____
CITY: _____
STATE: _____ ZIP: (Nine Digits if available) _____
HOME PHONE: _____ ALTERNATE PHONE _____
COMPONENT: _____ PAY _____ GRADE: _____ SSN: _____ DOD ID#: _____!
HOME STATION UNIT OF ASSIGNMENT: _____ (from back of ID)
(Unit name and City, State Where you would normally drill when not on active duty.)
Civilian and Military EMAIL: _____

APPLICANT'S INFORMATION (IF OTHER THAN MILITARY MEMBER)

(If applicant is **not the service member's spouse**, applicant must include a copy of a **Power of Attorney OR Custodial Agreement for the service member's minor child**)

NAME: _____ SSN: _____
HOME ADDRESS: _____ DOB: _____
CITY: _____ EMAIL: _____
STATE: _____ ZIP: (Nine Digits if available) _____
PHONE: _____ RELATIONSHIP TO MILITARY MEMBER: _____

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION OF THE ABOVE INFORMATION:

NAME : _____ EMAIL: _____
POSITION/TITLE: _____ PHONE NUMBER: _____

- I certify that, at the time of deployment:
 - The service member listed above was an Illinois resident and a member of the Reserve Component indicated above
 - OR a resident of another state but an Illinois National Guard member.
- I certify the above information is true and correct.
- I authorize verification/release of the information I am providing on this application. I authorize the State of Illinois and the Illinois Department of Military Affairs access to pertinent records, including information maintained in DEERS, REDD or other automated systems, as may be necessary to evaluate my application.
- Disclosure of information on this form, including social security numbers, is voluntary. **Failure to provide the requested information will prohibit the processing of this grant application.**
- In accordance with applicable laws, the State of Illinois and the Illinois Department of Military Affairs will maintain confidentiality regarding the application and any grant given or denied, except as required to process this or subsequent applications, or as otherwise required by law.

SIGNATURE OF APPLICANT: _____ DATE: _____
(Must Contain **Handwritten Signature/ Digital CAC signature** – unsigned applications are unacceptable)

CHECK TYPE(S) OF GRANT(S) REQUESTED:

The checklist below is intended to ensure applicants meet all basic eligibility criteria and to ensure that all required documents to process the application are included. ****DO NOT STAPLE DOCUMENTS.****

STATUS BASED GRANT -- FLAT RATE OF \$500 – MUST INCLUDE ALL OF THE FOLLOWING

Pay grade must be no higher than O-3 or W-3 or E-8 (E9s not eligible after December 10, 2009)

___ Must be: A member of the Illinois National Guard

___ **OR** an Illinois resident who is a member of another US Armed Forces Reserve Component

___ MUST Attach a copy of service member’s Active Duty deployment orders of at least **60** consecutive days.

****TCS and MOB Station orders will not be accepted.****

___ MUST Attach Leave and Earnings Statement (LES) **or** DD214. If sending an LES, it **MUST** be a **minimum 15 days** (i.e. 16 TO 31 Jan 14) **and within the period of service** on the activation orders **and** meet the time requirements for the first or consecutive grants. *Effective 9 December 2009, the minimum initial period of duty for each eligibility period is 60 days.*

NOTE: *Effective 1 January 2008, Service members deployed for a consecutive (not cumulative) period of duty of more than six months will become eligible for additional status based grants for each consecutive six month period (Each consecutive eligibility period requires a minimum of 30 days duty). The following members are ineligible to receive grants: Personnel serving in Active Guard/Reserve (AGR) or similar full-time unit support programs (FTNGD-OS) unless converted to Title 10 service for deployment.*

CASUALTY BASED GRANT -- FLAT RATE OF \$5,000 for INJURIES ON OR AFTER 23 NOV 09. (prior \$2000)

– MUST INCLUDE ALL OF THE FOLLOWING:

___ **Must include all items and meet all rules except pay grade limitation as listed above in Status Based Grant.**

___ Service member must **submit documentation** (Purple Heart, an approved Line of Duty Investigation or an official DOD casualty report) **reflecting that they were injured due to HOSTILE enemy Action**, as follows, in the IMFRF rules: (Payments cannot be made without such verification.)

NOTE: Only one grant is authorized for injuries received during or arising out of the same incident/engagement.

“Proof that the service member sustained an injury as a result of terrorist activity; sustained an injury in combat, or related to combat, as a direct result of hostile action; or sustained an injury going to or returning from a combat mission, provided that the incident leading to the injury was directly related to hostile action. This includes injuries to service members who are wounded mistakenly or accidentally by friendly fire directed at a hostile force or what is thought to be a hostile force.”

NOTE: The Casualty Based Grant cannot be made on behalf of deceased members as other compensation may be paid by the State of Illinois, Department of Veterans Affairs or Court of Claims.

NEED BASED GRANT -- FLAT RATE OF \$2,000– MUST INCLUDE items in Status Based Grant and ALL OF THE FOLLOWING:

1. Monthly Civilian Salary (attach copy of **civilian pay stub and IDT** (within 90 days prior to mobilization reflecting pay for four IDT periods) LES): \$ _____

2. Monthly Military Salary includes base pay and BAH (attach copy of LES of at least 15 days): \$ _____

NOTE: If you are eligible for, have applied for or are receiving payments under the Reserve Income Replacement Program (See ALARACT 196/2006), please so indicate and identify amount receiving:

YES NO \$ _____

3. Is the Total of the amounts on lines 2 and 3 at least 30% less the amount on Line 1? (Circle One) YES NO
(If you answered No, you do NOT qualify for the Need Based Grant.)

Must include all items and meet all rules as listed in Status Based Grant.

Service members must have dependents enrolled in DEERS to be eligible for this grant.

Applicants must submit documentation of: at least one complete month’s civilian salary, an IDT LES within 90 days prior to mobilization reflecting pay for four IDT periods, and active duty military pay statements that indicate the service member’s monthly military salary.

NOTE: *Effective 1 January 2008 - A member or a member’s family may apply for and receive a \$2000 Need Based Grant each six month period of continuous deployment. Applications will not be approved unless at least six months have elapsed from the date of receipt of the previous application. Each eligibility period requires a minimum of 30 days duty. Effective 9 December 2009, the minimum period of duty for each eligibility period is 60 days.*