

**ILLINOIS MILITARY FAMILY RELIEF FUND (IMFRF) APPLICATION**  
**ACTIVE DUTY CASUALTY GRANT ONLY**

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)

**PLEASE PRINT LEGIBLY**

**Mail To:**  
Illinois Department of Military Affairs  
ATTN: IMFRF Coordinator  
1301 N. MacArthur Blvd.  
Springfield, IL 62702-2399

**Active Duty  
Casualty Grant  
Applicants Only**

**The address provided will be the check mailing address. PLEASE ALLOW 4-6 WEEKS FOR PROCESSING.**

**MILITARY MEMBER'S INFORMATION**

**DATE OF INJURY:** \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: (Nine Digits if available) \_\_\_\_\_

PREFERRED PHONE NUMBER: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

COMPONENT: \_\_\_\_\_ PAY GRADE: \_\_\_\_\_ SSN: \_\_\_\_\_

DUTY STATION/UNIT OF ASSIGNMENT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**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: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: (Nine Digits if available) \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP TO MILITARY MEMBER: \_\_\_\_\_

**MILITARY UNIT POINT OF CONTACT FOR VERIFICATION OF INFORMATION:**

NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

1. I certify that, at the time of deployment the service member listed above was **an Illinois resident** and a member of the Active Component Service indicated above
2. I certify the above information is true and correct.
3. 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.
4. 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.**
5. 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: \_\_\_\_\_

**ACTIVE DUTY CASUALTY BASED GRANT -- FLAT RATE OF \$5000 (MUST INCLUDE ALL DOCUMENTS LISTED)**

OMISSION OF ANY OF THE FOLLOWING DOCUMENTS OR INCOMPLETE PREPARATION OF THE FRONT OF THIS APPLICATION WILL PRECLUDE PROCESSING.

- Must include documentation that clearly substantiates Illinois Residency prior to the date injury occurred.
- A copy of the preceding years' Illinois State Income Tax return
- Attach a copy of service member's activation orders reflecting at least **60** consecutive days duty during **an emergency declared by the President of the United States or Congress (Effective 1 January 2015).**
- Attach Leave and Earnings Statement (LES) or DD214. If sending a LES, it **MUST** be a minimum 15 days (i.e. 1 Dec 09 TO 15 Dec 09) **and** within the period of service on the activation orders.

INJURY MUST HAVE OCCURRED ON OR AFTER 23 November 2009 (Effective Date of Legislation) – 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 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.**