



**MONTANA MILITARY FAMILY RELIEF FUND (MMFRF) APPLICATION
CASUALTY BASED GRANT**

See application instructions on page 2.

PLEASE TYPE OR PRINT LEGIBLY
SERVICE MEMBER'S INFORMATION:

NAME _____ DATE OF BIRTH _____
 HOME ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ ALTERNATE PHONE _____
 BRANCH _____ RANK/PAY GRADE _____ SOCIAL SECURITY # _____
 HOME STATION UNIT OF ASSIGNMENT _____
 (Where you would normally drill when not on active duty)
 EMAIL ADDRESS _____

APPLICANT'S INFORMATION (IF OTHER THAN THE SERVICE MEMBER)

NAME _____
 HOME ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ RELATIONSHIP TO MEMBER _____
 (If not the service member's spouse, Applicant must include a copy of Power of Attorney)

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

NAME _____
 POSITION/TITLE _____ PHONE NUMBER _____

I certify the above information to be true and correct. I authorize verification/release of the information I am providing on this application. I authorize the State of Montana and the Montana Department of Military Affairs access to my pertinent records, including information maintained in DEERS 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, however, will prohibit the processing of this grant application.** In accordance with applicable laws, the State of Montana and the Montana 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 original signature – unsigned applications or facsimile signatures are not acceptable)

**INSTRUCTIONS FOR
MONTANA MILITARY FAMILY RELIEF FUND
CASUALTY BASED GRANT APPLICATION**

If you need assistance completing this application please call (406)324-3333

PURPOSE: House Bill 179, passed during the 60th legislative session, established the Montana Military Relief Fund to provide a casualty based grant of \$2,000.00 to a service member of the Montana National Guard or Reserve Components who are activated for federal service in a contingency operation for a period of more than 30 days and sustain a nonfatal injury directly related to a hostile action.

ELIGIBILITY: To be eligible for a casualty based grant under the Military Family Relief Fund the Grantee must be:

1. A service member:
 - (a) of the Montana National Guard or a Reserve Component as defined in 38 U.S.C. 101.
 - (b) who is a resident of Montana
 - (c) who is activated for federal service in a contingency operation for at least 30 consecutive days.
 - (d) who sustained a nonfatal injury in combat or related to combat as a direct result of hostile action.

INELIGIBILITY:

1. Any member, who at the time prior to disbursement of funds pursuant to this grant application, received a punitive discharge or an administrative discharge with service characterized as "under other than honorable conditions" is ineligible for any grant.
2. The injury is as a result of a self-inflicted wound, willful negligence by the service member or other misconduct of the service member.
3. Injury occurred when the service member is in an absence without leave, deserter, dropped from the rolls, or other unauthorized status.
4. This grant payment cannot be made on behalf of deceased members.

DOCUMENTATION:

1. Completed and signed MMFRF Form 3.
2. Documentation of Purple Heart Award
3. Copy of military orders showing proof of active duty.

PROCESSING STANDARDS: All applications will be processed within 10 working days of receipt by the Centralized Services Division of the Department of Military Affairs. An original application must be submitted before any grant payments may be authorized. Incomplete applications will be returned to the applicant. Payments will be mailed to the service member at the address provided on the application. All payments are subject to the availability of funds. The Department of Military Affairs shall notify the applicant in writing whether the applicant's application has been approved or denied.

SEND APPLICATIONS & SUPPORTING DOCUMENTATION TO:

**DEPARTMENT OF MILITARY AFFAIRS
CENTRALIZED SERVICES DIVISION
PO BOX 4789
FORT HARRISON, MT 59636**