

Universal Emergency Relief Packet
***Fort Gordon AER processes emergency financial assistance for ALL Services –
Air Force, Army, Navy, Marines and Coast Guard***

Name: _____ Date: _____

SSN: _____ Unit: _____

DOB: _____ Phone: _____

AER can assist Active Duty Service Members and their Dependents, ARNG and USAR Service Members on active duty for more than 30 days and their dependents, Retirees and their dependents, and Surviving Spouses and Orphans of Soldiers who died while on active duty or after they retired.

ALL APPLICANTS MUST FURNISH THE FOLLOWING:

<https://gordon.armymwr.com/aer> – Army Community Service – Army Emergency Relief

- AER Form 700 or AER Form 600 - Request for Assistance
- Completed Budget Work Sheet
- Military ID Card
- Copy of current End of Month LES
- Copy of Spouse's income, if applicable (equivalent of one month of pay)
- Copy of Power of Attorney, if Spouse of a Service Member (must bring original)

ALSO THE FOLLOWING DOCUMENTS, AS APPLICABLE:

EMERGENCY TRAVEL:

- Signed DA Form 31 Leave Request (showing Emergency Leave or special language in remarks section if not charged as emergency leave)
- Itinerary with a quote (Carlson Wagonlit Travel, Rm 117, Darling Hall or Aladdin Travel are on-post)
- Invitational Travel Orders or TDY orders, if applicable

VEHICLE REPAIRS OR INSURANCE

- Copy of vehicle registration, proof of insurance and drivers license
- Copy of repair estimate quote (if applicable)
- Copy of insurance statement or insurance cancellation notice and quotes for new policy (if applicable)
- Copy of vehicle repossession notice (if applicable)

RENT OR UTILITIES

- Copy of pre-lease, lease or eviction notice
- Copy of utility deposit, statement or disconnection notice

***For further types of assistance, please ask what documentation will be required.**

ARMY EMERGENCY RELIEF OFFICE:

Appointments: (706) 791-3579

Instructions for preparing AER Form 600v1

COMMANDER'S REFERRAL PROGRAM,

Application for Army Emergency Relief (AER) Financial Assistance

This form contains items that can be filled out online and then printed, or it can be printed as a blank document and filled out by hand.

1. This item is the AER Section number – enter if known
- 2-5. Self-Explanatory
6. This item may have multiple lines
- 6a. This item may have multiple lines
7. For each question, only Yes or No may be checked. The Bankruptcy Chapter line may contain no more than 2 digits.
8. This item may have multiple lines
- 8a. Self-Explanatory
- 8b. The Financial Needs Amount Column will only allow numbers and will automatically add the total.
- 9a. This field may not be filled in
- 9b. Self-Explanatory
- 10a. Only one box may be checked
- 10b. Only one box may be checked
- 10c-f. Self-Explanatory
11. These items are completed by the AERO
- 11b. If this box is checked, please indicate a reason and check the correct routing box.
- 11c. Self-Explanatory
- 11d. Self-Explanatory

COMMANDER'S REFERRAL PROGRAM Application For Army Emergency Relief (AER) Financial Assistance		1. Section Number	2. Rank
4. Soldier's Name (Last, First, MI)		3. SSN or AER Client ID #	
		5. ETS Date	
6. Unit	7. Soldier's Home or Permanent Mailing Address, Phone # and Email		
8. Reason Why Assistance is Needed (Be complete and specific. If more space is needed, continue on separate sheet)			
8a. Dependents for Whom You Furnish More Than One-Half Support (ID Card Holder):			
Name	Age	Relationship	
8b. List Your Specific Emergency Financial Needs:			\$
Total			\$
9. Applicant's Certification			
I hereby authorize the Department of the Army to supply any requested information contained in my official Army personnel and pay files in connection with this assistance. I authorize the Department of the Army, or any agency, to supply my latest home address, and/or official military address to AER whenever requested. I further understand that AER is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, will be provided by AER to the Army in order to determine eligibility for and administration of financial assistance. I certify the information provided on this application is complete, true and correct.			
9a. Signature of Applicant			9b. Date
10. Unit Commander or First Sergeant			
10a. Soldier is or is not Pending Elimination from the Army.			
10b. Request is: <input type="checkbox"/> Approved. (Approval is contingent upon AERO review that the requested assistance is IAW AER policies and general guidelines) <input type="checkbox"/> Disapproved. Soldier has been informed of reason(s) why this request was disapproved.			
10c. Requested Amount \$ _____ (Maximum \$1,500)		10d. Approved Amount \$ _____	
10e. Name/Rank of CDR/1SG, Signature, Phone #, and Email			10f. Date
11. AER Officer Review of the Application			
11a. I have performed the required administrative review and Soldier is eligible for AER Assistance under Commander's Referral.			
11b. I have performed the required administrative review and Soldier is not eligible for AER Assistance under Commander's Referral Program due to _____. Soldier's application is being returned to Unit Commander Soldier's request is being processed as a routine AER case per Unit Commander.			
11c. Name of AERO		Signature	
			11d. Date

<h2 style="text-align: center;">Bankruptcy Verification Form</h2> <p>Purpose: AER is required to determine if an applicant is currently in Bankruptcy prior to providing assistance in the form of a loan. An individual affirming they are in Bankruptcy is not automatically disapproved for AER assistance. AER Officers will ensure that Applicants complete this form in conjunction with AER Forms 600 and 700.</p>		1. Section Number	2. Rank
4. Soldier's Name (<i>Last, First, MI</i>)		3. SSN or AER Client ID #	
6a. Unit		5. ETS Date	
6b. Soldier's Home or Permanent Mailing Address, Phone # and Email		7. I certify that I am not currently in Bankruptcy. I certify that I am currently in Bankruptcy and that my current case is filed under Chapter ____ of the U.S. Bankruptcy Code. <i>(If this block is marked and Trustee information is available, please provide Trustee contact information in block 8 below)</i>	
8a. Trustee's Name (<i>Last, First, MI</i>)	8b. Phone Number	8c. Email Address	
9. Applicant Remarks (if necessary):			
10. Applicant's Certification			
<p>I hereby authorize the Department of the Army to supply any requested information contained in my official Army personnel and pay files in connection with this assistance. I authorize the Department of the Army, or any agency, to supply my latest home address, and/or official military address to AER whenever requested.</p> <p>I further understand that AER is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application in some cases, will be provided by AER to the Army in order to determine eligibility for and administration of financial assistance. I certify that the information provided on this verification form is complete, true and correct.</p>			
11a. Signature of Applicant			11b. Date
12. AER Officer Remarks (if necessary):			
13a. Name of AER Officer	13b. Signature	13c. Date	

ARMY COMMUNITY SERVICE CLIENT INFORMATION SHEET

PRIVACY ACT STATEMENT

- PRINCIPAL:** To collect data necessary to enroll DOD personnel and their family members in the Army Community Service client database. Also used as a tool to aid in delivery of services to DOD personnel and their family members. Statistical data will be provided to Department of the Army.
- ROUTINE USES:** Used as a record of (1) services requested; (2) services delivered; and (3) actions or services agreed upon. Upon data entry, form will be filed.
- DISCLOSURE:** Disclosure of information is voluntary. Failure to provide required information may result in the inability of Army Community Service to provide appropriate professional and/or development services to the individual.
-

DATE: _____ **YOUR SSN:** _____

LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____

GENDER: Male Female **BIRTH DATE:** _____

TYPE OF VISIT: Individual Couple Family

REASON FOR VISITING ACS: _____

REFERRED TO ACS BY: (select the most appropriate)

- | | | |
|---------------------------------------|--|---------------------------------|
| <input type="radio"/> Self-referral | <input type="radio"/> Command | <input type="radio"/> Volunteer |
| <input type="radio"/> JAG (Legal) | <input type="radio"/> Military Medical | <input type="radio"/> Other |
| <input type="radio"/> Civilian Agency | <input type="radio"/> Chaplain | |

YOUR ELIGIBILITY STATUS: (select one)

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="radio"/> Active Duty | <input type="radio"/> Retired | <input type="radio"/> Family Member |
| <input type="radio"/> Reserve/National Guard | <input type="radio"/> Gov't Civilian | |

SPONSOR'S BRANCH OF SERVICE:

- | | | |
|----------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> Army | <input type="radio"/> Air Force | <input type="radio"/> Coast Guard |
| <input type="radio"/> Navy | <input type="radio"/> Marines | |

MARITAL STATUS: (select the most appropriate)

- | | | |
|--|---------------------------------|-------------------------------------|
| <input type="radio"/> Married _____ # of times | <input type="radio"/> Divorced | <input type="radio"/> Widow(er) |
| <input type="radio"/> Single | <input type="radio"/> Separated | <input type="radio"/> Dual Military |
| <input type="radio"/> Single Parent | | |

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME TELEPHONE # (with area code): _____

WORK TELEPHONE # (with area code): _____ **EXT:** _____

OTHER TELEPHONE (example: cell): _____

EMAIL ADDRESS: _____

EDUCATION LEVEL:

- | | | |
|--|-------------------------------------|--|
| <input type="radio"/> No HS | <input type="radio"/> 2 yrs college | <input type="radio"/> Post Baccalaureate |
| <input type="radio"/> HS | <input type="radio"/> AA | <input type="radio"/> MA/MS |
| <input type="radio"/> Occupational Training | <input type="radio"/> 3 yrs college | <input type="radio"/> Post Masters |
| <input type="radio"/> Less than 1 yr college | <input type="radio"/> 4 yrs college | <input type="radio"/> DD |
| <input type="radio"/> 1 yr college | <input type="radio"/> BA/BS | <input type="radio"/> PhD |

This section MUST be completed even if you are the sponsor:

SPONSOR'S LAST NAME: _____ **FIRST:** _____ **MI:** _____

SPONSOR'S SSN: _____ **BIRTH DATE:** _____ **PAY GRADE:** _____

➤ **INITIAL TERM OF SERVICE?** (fill the circle if "Yes")

SPONSOR'S STATUS:

- | | | |
|--|-------------------------------|--------------------------------------|
| <input type="radio"/> Active | <input type="radio"/> Retired | <input type="radio"/> Gov't Civilian |
| <input type="radio"/> Reserve/National Guard | | |

SPONSOR'S MILITARY UNIT: _____

TOTAL NUMBER OF HOUSEHOLD MEMBERS: _____

NAME OF FAMILY MEMBERS	AGE/RELATIONSHIP	DATE OF BIRTH

DATE MARRIED: _____

The information you have provided will be used to establish your ACS Client record. This is a one-time requirement.

---Thank You---

Your cooperation is appreciated.