

CUI

ATTENTION

Use this space to indicate categories, limited dissemination controls, special instructions, points of contact, etc., if needed.

ATTENTION

All individuals handling this information are required to protect it from unauthorized disclosure.

Handling, storage, reproduction, and disposition of the attached document(s) must be in accordance with 32 CFR Part 2002 and applicable agency policy.

Access to and dissemination of Controlled Unclassified Information shall be allowed as necessary and permissible to any individual(s), organization(s), or grouping(s) of users, provided such access or dissemination is consistent with or in furtherance of a Lawful Government Purpose and in a manner consistent with applicable law, regulations, and Government-wide policies.

Standard Form 901 (11-18)
Prescribed by GSA/ISOO | 32 CFR 2002

CUI

WHAT CAN WE HELP WITH?

Authorized Categories of Assistance

- Rent | Mortgage
- Utilities | Rental Deposits
- Emergency Travel
- Travel Funds for Relocation (PCS)
- Vehicle Repair
- Replacement Vehicle
- Rental Vehicle
- HVAC Repair
- Career Skills Program(CSP)
- Natural Disaster
- Cranial Helmets
- Basic Essential Furniture
- Car Seats
- Repair | Replacement of Major Appliances
- Minor Home Repairs
- Dental Care for Dependents
- Food

AER is a NEEDS based program. AER does not reimburse for costs already paid. Assistance is given as a Loan, Grant, or Combination of the two. Grants are NEVER Guaranteed!

UNAUTHORIZED Categories

- Ordinary Leave Expenses
- AAFES Debt
- Adoption Fees
- Legal Fees | Fines
- Liquidation | Consolidation of Debt
- Government Debt
- Government Travel Card
- Personal Credit Cards| Loans
- Items of Convenience
- In Vitro Treatments
- Overdraft Fees
- Negative Bank Accounts
- Abortion Fees
- Child Support | Alimony
- Earnest Funds for Home
- Closing Costs for Home
- Appliance Upgrade
- Purchase of New Vehicle
- Assistance for NON-ID Card Holders
- Continuing Assistance

Requests for **UNAUTHORIZED** categories will not be considered.



PLEASE NOTE: Applicants are responsible for **providing copies of supporting documents** upon submitting AER application request.

Fort Carson Army Emergency Relief (AER) Assistance Checklist

Army Community Service (ACS) - Fort Carson, CO

Army Emergency Relief (AER) - (719) 526-4783

carson.armymwr.com/aer

Please read before submitting your application:

Customers who qualify for Army Emergency Relief assistance will receive an EFT payment deposited directly into their bank account. Please follow the checklist below and bring in your application with all supporting documents. Any request received without supporting documentation will be returned as **incomplete/disapproved** and the applicant will have to reapply.

Applications submitted after 1200 will be processed on the next available business day.

SOLDIER CHECKLIST

- AER Form 101 (2 pages) Application **(Required)**
- AER Form 575 Direct Deposit **(Required)**
- Household Budget Worksheet **(Required and must be completed at time of application turn-in)**
- Latest End of Month LES (and) Pay Stubs *if applicable* **(Required)**
- Bank Account verification (voided check or screenshot of bank account details) **AND** Zelle screenshot *if applicable* **(Required)**
- Bring your **DoD issued ID Card** **(Required at time of application turn in)**

FAMILY MEMBER CHECKLIST

- AER Form 53 /SPOA stating AER assistance can be received **(Required)**
- AER Form 101 (2 pages) Application **(Required)**
- AER Form 575 Direct Deposit **(Required)**
- Household Budget Worksheet **(Required and must be completed at time of application turn-in)**
- Latest End of Month LES (and) Pay Stubs *if applicable* **(Required)**
- Red Cross Case Number** for Emergency Travel **(Required)**
- Bank Account verification (voided check or screenshot of bank account details) **AND** Zelle screenshot *if applicable* **(Required)**
- Bring your **DoD issued ID Card** **(Required at time of application turn in)**

(Overdue) Car Note Checklist

- Current Vehicle Registration **(Required unless applying under QAP)**
- Current Vehicle Insurance **(Required unless applying under QAP)**
- Current Driver's License **(Required unless applying under QAP)**
- Letter from creditor/lender stating dollar amount/PDF statement. **Must have client's name on document** **(Required unless applying under QAP)**

Car Repair Checklist

- Current Vehicle Registration **(Required unless applying under QAP)**
- Current Vehicle Insurance **(Required unless applying under QAP)**
- Current Driver's License **(Required unless applying under QAP)**
- One independent estimate for repairs **(Required unless applying under QAP)**
- Letter from insurance provider that costs will not be covered by insurance *if applicable* **(Required unless applying under QAP)**
- Kelly Blue Book Value of Vehicle **(Required unless applying under QAP)**

***applicant understands if work is authorized and paid prior to an AER approval , the case may not be approved**

Emergency Travel

- Signed DA Form 31 or IPPS-A doc with control #**
- Must be marked as Emergency or Ordinary Leave under Emergency Conditions in the remarks block 17**
- 1. Driving - Travel route with mileage (MapQuest)
- 2. Flying - flight itinerary with dollar amount **showing flight from Denver Int Airport**
- 3. Hotel cost *if applicable*
- 4. Rental Car cost, Food cost, and fuel costs *if needed* and must not exceed 7-days worth

Mortgage Payment: letter from lender/creditor stating amount owed, due date, and name of applicant on statement

(Overdue) Rent Payment: **Demand for Payment** letter - a legal document in El Paso County or if the rental is through an individual rather than a company, then it may be acceptable to present a signed note with the landlord's contact information

Rent Payment (Initial Rent & Security Deposit): **signed lease** with amount(s) for Initial Rent & Security Deposit

Utilities: Current **overdue** documents including *utility bill, electric, water, trash, cable, phone(cell or house) and Internet .*

Career Skills Program (CSP):

- COMPLETE** AER Application Packet **(minus budget wksht)**
- AER CSP TAP Memo
- IMCOM Form 45
- Printed Estimates of Items Required
- DA 31 or IPPS-A printout *if outside 50-mi radius*

PLEASE NOTE: Applicants are responsible for **providing copies of supporting documents** upon submitting AER application request.



AER Financial Readiness Program (FRP) Client Intake Request Form

PRINCIPAL: Information is solicited under the authority of 10 U.S.C. 3013 and Executive Order 9397 to provide a basis for evaluating your need for assistance and to provide a record of action taken.

ROUTINE USES: Information may be referred to other government agencies or to community social services necessary to resolve the problem. **DISCLOSURE:** Disclosure of information is voluntary.

Failure to disclose all or part of the information could impede ACS personnel from being able to assist you effectively.

Name (Last, First, MI):	Client DOD ID #:	DOB (MM/DD/YYYY):	Gender:	Status Date: M /D/YY:
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married: <input type="checkbox"/> Separated: <input type="checkbox"/> Divorced: <input type="checkbox"/> Single: <input type="checkbox"/> Dual Military <input type="checkbox"/> Single with Child
Branch of Service:		Dependent(s) Name(s) and Age(s):		
Rank:	BDE, BN, SQN, Company, Troop, Battery:		<input type="checkbox"/> Select if Retired:	
Client's Cell # or (Zelle):		Client's E-mail or (Zelle):		
Client's Signature Required:		Today's Date:		

Reason(s): Ensure you are as specific as possible and articulate the reason(s) for your AER Need(s) to our team today!

Check if you are requesting Zelle as your choice for payment: **Circle One:** Zelle by Cell Phone # or E-mail:

Please ensure your writing is large enough and legible, so that it can be understood by the AER Team. This will help us to quickly assess your needs.

Staff Only Referral Services

- | | |
|---|---|
| Budget Counseling | Employment Readiness |
| Debt Management | WIC Monday Only |
| Child Support Enforcement Tuesday Only | Supplemental Nutrition Assistance Program (SNAP) <i>Formerly known as food stamps</i> |
| Warrior's Warehouse | EFMP |
| New Parent Support | ACS Services |
| SFAC | MFLC |

Internal Army Emergency Relief Section Area for Counselor's Intake Notes

DATE: CTS notes were input into ACS Staff: _____ Intake Department Personnel Initials: _____

SECTION 1 – Customer Rights (1-6) and Responsibilities (7-12)

1. Dignity and Respect. You have the right to be treated with consideration and compassion, and to receive quality services free of discrimination on the basis of race, color, sex/gender, ethnicity, national origin, religion, age, sexual orientation, physical and/or mental ability, rank, or military status.

2. Privacy and Security. The Privacy Act of 1974, as amended, provides safeguards for the confidentiality, integrity, and availability of Personally Identifiable Information (PII) and similar rights for other PII in electronic, written, and spoken form. ACS service providers will provide informed consent for the services received. Authorized disclosures may include the following circumstances.

- When you sign a written release of information.
- When a clear and immediate danger to you or to others exists.
- When there is known or suspected child abuse or elder abuse.
- When there is known or suspected domestic abuse not covered by restricted reporting policy.
- When ordered by a court of law.

3. Access to records. ACS uses an electronic case management system to track information on services provided. To request a copy of your record, speak with an ACS representative to determine local policy for release of information.

4. Right of Self-determination. We recognize the uniqueness of every individual and Family. Your ACS service provider will work with you to develop an Individual Service Plan tailored to meet your needs.

5. Refusal of Services. ACS services are voluntary; you may terminate services at any time unless Command directed.

6. Grievances, alternative services, and referrals. You have the right to request a different ACS service provider, and alternative options regarding resource referrals to meet the goals of your Individual Service Plan. If at any time you are dissatisfied with ACS services, please ask to see the Program Manager or ACS Director.

7. Respect and Consideration of other customers and ACS staff is essential.

8. Adherence to your Individual Service Plan by following through with resource referrals on a timely basis and informing your ACS service provider regarding concerns or changes in your needs.

9. Voice your concerns or disagreements with recommended interventions, referrals, or Individual Service Plan, and allow time for adjustments if required.

10. Arrive on time for scheduled appointments and cancel or change appointments at least two (2) working days in advance.

11. Maintain accurate information and records by reporting changes in your address or phone number and responding to calls or letters to the best of your ability.

12. Provide feedback on the quality and effectiveness of services and resource referrals.

SECTION 2 – Privacy Act Statement

AUTHORITY: 5 USC Section 301, Departmental Regulations; 10 USC Section 3013, Secretary of the Army; Army Regulation 608-1, Army Community Service Center. PRINCIPAL PURPOSE: To provide appropriate background information needed for Army Community Service personnel to help individuals seeking assistance. ROUTINE USES: None. DISCLOSURE: Voluntary. However, failure to provide the requested information may impede Army Community Service personnel from being able to assist individuals effectively.

Customer's Signature:

Date:

ARMY EMERGENCY RELIEF—APPLICATION FOR FINANCIAL ASSISTANCE

For use of this form, see AR 930-4, AERO Section Reference Manual, or www.aerhq.org

SERVICE MEMBER'S INFORMATION:

1. Name (Last, First MI)		2. DOB		3a. DOD ID#:	
				3b. SSN: _____	
4. Rank	6. Branch		7. Component		
5. BASD	<input type="checkbox"/> USA <input type="checkbox"/> USMC <input type="checkbox"/> USN <input type="checkbox"/> USAF <input type="checkbox"/> USCG		<input type="checkbox"/> ACTIVE <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> RESERVES		
8. Duty Status (For Survivors enter the Duty Status at the time of the Service Member's passing and provide date deceased)					
<input type="checkbox"/> ACTIVE	ETS Date		Provide copy of most recent end of month LES		
<input type="checkbox"/> AGR	REFRAD Date		Provide copy of Title 10 AGR orders or amendment, showing current period of service or REFRAD date <u>and</u> most recent end of month LES		
<input type="checkbox"/> TITLE 10	Start Date	End Date	# of Days	Provide copy of Title 10 Orders <u>and</u> most recent end of month LES	
<input type="checkbox"/> RETIRED	Retirement Date	8a. Are you medically Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No 8b. If yes to 8a, are you enrolled in the Army Wounded Warrior (AW2) Program? <input type="checkbox"/> Yes <input type="checkbox"/> No 8c. If yes to AW2, who is your AW2 Advocate? _____ 8d. Advocate's phone #: _____			
9a. UNIT (Retired leave blank)		9b. INSTALLATION		9c. UIC (last 5 of PACIDN on LES)	

10. Applicant if other than Service Member				
10a. Name (Last, First MI)		10b. DOB	10c. Date of Marriage	10d. DOD ID# or SSN
10e. Applicant Relationship to Sponsor <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> WARD <input type="checkbox"/> OTHER _____		10f. Special Power of Attorney (SPOA) <input type="checkbox"/> YES (INCLUDE COPY) <input type="checkbox"/> NO		

11. ADDRESS				
11a. House Number and Street				Apt #
11b. City	11c. State	11d. Zip Code	11e. Country (if outside US)	
12. Phone		13. Email:		
		Personal _____ Military _____		

14. Dependents: <input type="checkbox"/> YES (List Below) <input type="checkbox"/> NO							
Name	Age	Relationship	ID Card Holder	Name	Age	Relationship	ID Card Holder
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Are you currently in bankruptcy or do you plan to file for bankruptcy within the next 6 months? <input type="checkbox"/> NO <input type="checkbox"/> YES under Chapter <input type="checkbox"/> 7 <input type="checkbox"/> 13	
FAILURE TO REVEAL CURRENT BANKRUPTCY OR INTENT TO FILE CONSTITUTES FRAUD AND MAY RESULT IN PERMANENT RESTRICTION FROM FUTURE AER ASSISTANCE.	

16. TYPE OF REQUEST

CDR/1SG QUICK ASSIST PROGRAM (QAP) **COMPLETE BLOCKS 17 thru 25** **ARMY AD/AGR only**; max up to \$2,000; one QAP at a time and must be repaid in full before new QAP; no more than 2 QAP in 12 months; repay within 15 months and at least 2 months prior to ETS; no grants or partial grants with exception of bona fide emergency travel.

DIRECT ACCESS **COMPLETE BLOCKS 17 thru 21** **ARMY AD/AGR/T10 only** if you do not meet one of the four safeguards listed below:
 1. Less than 12 months of service. 2. Currently in training. 3. Two AER assists in less than 12 months.
 4. You are marked as High Risk.

ROUTINE **COMPLETE BLOCKS 17 thru 21** All individuals not eligible for one of the above programs. This Includes AD/AGR/T10 Members who fall into one of the 4 safeguards listed above and Retired, AW2, and Surviving Spouses.
And if Active Duty or AGR Blocks 22 thru 25

17. **List the specific expenses you need help with** (contact AER or visit www.aerhq.org for authorized categories **and ensure there is a supporting document for each expense listed**):

Expense	Amount	Expense	Amount

18. If this financial need is related to a natural disaster or catastrophic event (i.e. hurricane, tornado, large scale fire, hail storm, etc.) enter the name of the event, month and year:
 EVENT: _____ DATE: _____

19. Describe the reasons you need help with expenses listed above—what caused your financial need or emergency?

20. **Are you pending elimination from the service?** Yes No **If yes, expected separation date?** _____

21a. Applicant 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 further authorize the Department of the Army, or any U.S. Government agency, to supply my last 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 and/or other U.S. Government agencies in order to determine eligibility for and administration of financial assistance. I certify the information provided on this application is complete, true and correct.

21b. Signature _____ 21c. Date _____

UNIT COMMANDER OR FIRST SERGEANT (ensure expenses are itemized in block 17, need is explained in block 19 and complete block 22 thru 24)

22a. **Is the Service Member pending elimination from the service?** Yes No **If yes, expected separation date?** _____

22b. **The Request is:**

Approved (Contingent on AERO review and compliance with AER policies.) **Approved Amount \$** _____

Disapproved. Soldier has been informed of reason for disapproval.

23. _____ (CDR/1SG Initials) **I have assessed the Soldier's financial well-being, member has the ability to repay the loan.** Yes No

***Needs to be completed if SM is not eligible for Direct Access

24a. _____ (CDR/1SG Initials) **This is the 3rd request in 12 months and needs your concurrence for the request to be considered.**

24b. **Date:** _____ **Amount:** _____ / **Date:** _____ **Amount:** _____ **Current Balance:** _____ **Approve:** Yes No

25a. CDR/1SG Printed Name, Rank _____ 25b. Signature _____ 25c. Date _____

25d. Military email address _____ 25e. Phone _____
 _____@mil.army.mil

Army Emergency Relief - Verification and Authorization for Use of Financial Account Information

For use of this form see AER Section Reference Manual

Use of this form:

1. To provide financial account information to receive funds through EFT from Army Emergency Relief.
2. To provide financial account information for repayment of a no-interest loan, when allotment from military pay is not possible.

STEP 1: Complete your information.

1. Soldier's Name:	2. DODID #:	3. AER Location/Installation:
4a. House Number and Street:		
4b. City:	4c. State/Province:	4e. Country (if outside US):
4f. Zip/Postal Code:	5. Area Code/Phone:	6. Email Address (do not use military email addresses):

STEP 2: Choose how you would like to receive funds (select only one).

7a. **Zelle** (You must already have a Zelle account) b. **Direct deposit** to my bank account

STEP 3: Enter your account information.

8a. If you chose disbursement by Zelle, enter your Zelle account identifier (select one), otherwise leave it blank and go to 8b:

Cell phone: _____ (must be a US phone number)

Email Address: _____

Zelle requires a US mailing address. APO addresses are considered a US address.

8b. If you chose direct deposit and/or are required to provide bank information for repayment, complete all fields:

Financial Institution Information (bank/credit union) *Include voided check, screenshot or other document to validate account info.*

(1) Name of Account Holder:	
(2) Name of Financial Institution:	
(3) Routing Number:	
(4) Account Number:	
(5) Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

STEP 4: Verify your account information, read the acknowledgment, sign and submit with your application.

9. Acknowledgment:

- a. I understand that disbursement of funds is contingent upon approval of my request for financial assistance and completion of this form does not imply or guarantee approval of that request.
- b. I understand that I will be held pecuniary liable for any funds disbursed to the account information provided in Step 3.
- c. I understand that in the event I am approved for a no-interest loan, and funds are disbursed to the account in step 3, I will be held responsible for repayment of that loan, including any funds disbursed to an account made in error based on the information I provided.
- d. I understand Army Emergency Relief will not reissue funds disbursed to an account made in error based on the information I provided and I will be required to repay those funds.
- e. In the event I cannot repay by allotment from my military pay, I understand the bank information provided in Step 2 will be used to establish repayment under the terms outlined on AER Form 52 should my request be approved.

9f. Signature of Account Holder (if different from Soldier)	9g. Date
9h. Signature of Soldier (Required)	9i. Date

