

## **FREQUENTLY ASKED QUESTIONS**

**Q: Why do you require an application in order to provide assistance?**

A: In an event of an audit, we must be able to provide the auditing agency with verification that services were rendered to bona-fide military families as stated in our organization's charter.

**Q: Why do you require military I.Ds?**

A: This is to ensure that we are providing services only to bona-fide military families.

**Q: Why do you require dependent verifications?**

A: This is to ensure that we are providing services only to sponsored military dependents.

**Q: Why do you require deployment orders?**

A: To the extent possible, we aim to provide families of deployed service members priority service. A deployment order assists us in identifying these families.

**Q: Why can't you use copies of previously submitted information?**

A: At the end of each program, we archive all the information to provide room for the current program.

**Q: Why do you require the detail information for my child/children?**

A: At Homefront America, we pride ourselves in "going the extra mile" to ensure that your child/children will only receive goods/services that are appropriate for his/her age and gender.

**Q: Are civilian extended family member(s) eligible for any Homefront America programs?**

A: No. Our programs are only for sponsored military family members.

**Q: Are your programs restricted for local military families only?**

A: It depends on the program. The best thing to do is to contact us if you are not a local family, but would like to benefit from our programs.

**Q: Why do you require multiple phone numbers and/or email addresses?**

A: There may be times that we need to contact you with an important question or to obtain additional information ASAP. If we are restricted to a single phone number or email address, this can cause delays and possibly render our inability to deliver the service altogether.

**Q: Can you contact me when you receive my application and/or documents?**

A: Due to our limited volunteer resources, we regret that this is not a service we can provide.

**Q: How will I know if my application is accepted?**

A: You will receive an e-mail from us indicating that your request has been accepted.

**Q: Can I e-mail or fax to you my application and document verifications?**

A: No, we do not accept any fax or email applications or document verifications.

**Q: Where can I mail my application and document verifications?**

A: The address to mail your application and document verifications is listed on the application.

**Q: I forgot to send my document verifications with my application, can I send them separately?**

A: Due to our limited volunteer resources, we are unable to match any "piecemeal" paperwork. The best thing to do is to re-send all of your paperwork together.

**Q: If I have a question that is not answered here, how can I contact you?**

A: If you need to contact us, the best way to do so is to email us via our website at [info@homefrontamerica.org](mailto:info@homefrontamerica.org)

# HOMEFONT AMERICA, INC

A 501(c)(3) nonprofit corporation – Tax Exempt #:54-2178448

## PROGRAM APPLICATION

**APPLICATION MUST BE COMPLETE & ALL FIELDS FILLED IN. ENTER N/A IF NOT APPLICABLE**

**Before proceeding further, please note that Homefront America does not provide financial Assistance**

### **PART I: APPLICANT INFORMATION** *(If spouse is applying, please list your name as applicant)*

Last Name	First	M.I.	DOB	Referred By
Home Address	City		St	Zip
<b>MUST PROVIDE TWO DIFFERENT WORKING PHONE NUMBERS AND YOUR PRIMARY PERSONAL E-MAIL ADDRESS</b>				
Day Phone	Evening Phone	Cell Phone	E-Mail Address <i>(do not use .mil address)</i>	

### **PART II: SERVICE MEMBER INFORMATION**

Last Name	First	M.I.	DOB	Branch of Service
Rank	Pay Grade	Yrs of Svc		
Mbr's Work Phone	Mbr's Cell Phone	Mbr's E-Mail Address <i>(do not use .mil address)</i>		
Members Command	Name of Command's CO			
Is member currently deployed	Number of times deployed since 09/11			

### **PART III: FAMILY READINESS INFORMATION**

**IF YOU KNOW THE NAME OF YOUR FAMILY READINESS PERSON, PLEASE PROVIDE HIS/HER INFORMATION BELOW**

Last Name	First	
Office Phone	Cell Phone	E-Mail Address

### **PART IV: SPONSORED DEPENDENT INFORMATION**

**LIST ONLY THE NAME(S) OF SPONSORED DEPENDENT(S) FOR WHICH SERVICE(S) IS/ARE BEING REQUESTED**

First Name, M.I.	Relationship	Age	First Name, M.I.	Relationship	Age
Total number of dependents sponsored by service member					

### **PART V: PROGRAM INFORMATION**

Have you received prior assistance from Homefront America?

If yes, check the box(es) next to the program service(s) received

Backpacks    Christmas    Computer Donation    Dental    Easter    Other:

Indicate the program service(s) that you/your family are currently requesting:

Have you or will you be submitting the same request to another agency

If preferred, you may use the space below to describe the nature and purpose of your request.  
(Use additional sheets if necessary)

**PART VI: APPLICANT'S CERTIFICATION (Please acknowledge your understanding of the following items by checking each of the boxes below):**

**I understand that:**

all information will be used solely for the purpose of determining my/my family's eligibility for this program  
all information will be subject to verification  
all information must be submitted on 8 1/2" x 11" sheets  
unless it is required by law or to assist in facilitating this request, my information will not be shared or sold to a third party without my written consent  
should Homefront America elect to use my and/or my family member's testimonials, photo images of me and/or my family members, I/we will not be compensated for their usage  
my information may be retained by Homefront America for future program notifications  
should this grant be approved based upon inaccurate information, statements, omissions, or other misrepresentation that I have knowingly provided, I will be required to repay Homefront America in full for all benefits made to me

**By affixing my signature below, I certify that:**

the information provided on this application is true to the best of my knowledge  
if request is granted, the goods and/or services received will be not be transferred or sold to a third party  
upon request, I will provide Homefront America with an acknowledgement for service(s) received, along with a photo(s) of me/my family for forward to my sponsor within seven days from the date of goods/services received  
Should I receive the same/similar benefit from another organization, I will notify Homefront America immediately  
I will fully release, discharge, and hold harmless Homefront America, Inc and each of their affiliates, including but, not limited to their sponsors, volunteers, officers, and directors (collectively, "Releasees") from any and all claims and liability that may arise as a result of my/my family accepting the requested assistance and/or participation in the event  
I have read and understand the aforementioned conditions

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



- ★ Did you complete **ALL** fields on the application?
- ★ Did you put "N/A" in the fields that do not apply to you?
- ★ Did you sign, **AND** date your application?

**The following documents MUST be submitted with this application. Please make sure that all attached documents are legible and on 8.5 x 11 paper. **BLACK OUT ALL SSN****

Military ID of Applicant *(Required – Front and Back)*

Current Deployment Orders *(Required – If Deployed)*

Any form of document (i.e. insurance card, DEERS Statement, etc) to verify dependent(s) listed on the application is/are sponsored dependent(s) of the service member.

Mail to: Homefront America, Inc. - 27375 Paseo La Serna, San Juan Capistrano, CA 92675

**APPLICATIONS SUBMITTED WITHOUT THE ABOVE REQUIRED ATTACHMENTS WILL NOT BE PROCESSED. NO EXCEPTIONS. (FAXED OR E-MAILED COPIES WILL NOT BE PROCESSED)**

**SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE SERVICE**