



## Indiana Department of Veterans Affairs

### Military Family Relief Fund - COVID 19

The Military Family Relief Fund COVID-19 Emergency Assistance program is designed to assist military families that are experiencing financial hardship. The funds are provided to assist these families in sustaining essential household expenses during this National Emergency. In combination with utilizing MFRF, the Indiana Department of Veterans' Affairs offers several other services that will give the service member every opportunity to provide a steady life for their family.

The service member must be serving honorably or must have received an honorable or under honorable conditions discharge. Qualified Service Members may be eligible for the fund if they have at least 12-months of active duty.

The emergency grant may be used on a case by case basis by families for up to 2 months of household needs such as food, housing, utilities, medical services, child care, and other essential family support which has become difficult to afford.

#### **Required Documents:**

- Application includes: General Information, Grant Request, Budget Worksheet, W9 (must have handwritten signature), Direct Deposit Form (must have handwritten or digital signature), Authorization to Release Information form (include spousal information if married).
- Statement letter signed by the veteran (explaining **IN DETAIL** your hardship and **how the COVID-19 emergency has effected you**).
- DD214 that shows the type of discharge.
- 2 months of current bills, invoices, for all items you are asking for assistance with.
- Most current month's complete bank statements for all accounts you own; showing all deposits and withdrawals for 30 days.
- Evidence of income for applicant and spouse (last 2 pay stubs, VA compensation, SSA, retirement, cash assistance, unemployment, etc.)
- A letter from your employer verifying that your employment income has been interrupted.

Indiana Department of Veterans Affairs

Submit Applications by:

Fax: 317-232-7721

Email: [MFRF@dva.in.gov](mailto:MFRF@dva.in.gov) (preferred method)

**For questions please contact the following:**

Lynn Dickey: 317-232-3914 Kay Ross: 317-234-8653 Nicole Vandyke: 317-234-8656



**MILITARY FAMILY RELIEF FUND (MFRF)  
APPLICATION**

State Form 53880 (R2 / 1-19)

**INDIANA DEPARTMENT OF VETERANS AFFAIRS**

302 West Washington Street, Room E120

Indianapolis, Indiana 46204-2738

Telephone: (317) 232-3910

Toll-Free: (800) 400-4520

Fax: (317) 232-7721

E-mail: [MFRF@dva.in.gov](mailto:MFRF@dva.in.gov)

Website: [www.in.gov/dva](http://www.in.gov/dva)

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

*Mail, fax, or e-mail this completed application to the Indiana Department of Veterans Affairs at the above address. If you need assistance completing this application, please call 1-800-400-4520.*

**MILITARY MEMBER'S INFORMATION**

Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Home Address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Social Security Number\*: \_\_\_\_\_ Disability Percentage: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Dates of Service (mm/yy): \_\_\_\_\_ to \_\_\_\_\_ Discharge: \_\_\_\_\_

Employment Status: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

E-mail: \_\_\_\_\_

BRANCH OF SERVICE:  ARMY  NAVY  MARINES  AIR FORCE  COAST GUARD

*Please check branch of service.*

**SPOUSE'S INFORMATION**

Spouse: \_\_\_\_\_ Social Security Number\*: \_\_\_\_\_

Mailing Address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Employment Status: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Names / Ages of Children: \_\_\_\_\_

I / We (check one)  **Have**  **Have Not**  
applied for a MFRF grant before.

Date of Last Application (mm/dd/yy): \_\_\_\_\_

**If awarded funds through the Military Family Relief Fund, applicant MUST provide receipt of payments towards below mentioned bills no more than two weeks after payment approval.**

I (Printed Name) \_\_\_\_\_ am requesting a grant to pay for the following items:

ITEM (Rent, utility bill, repairs, etc.)	SERVICE PROVIDER (Company Name and Telephone Number)	AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____
9. _____	_____	\$ _____
Total Amount Requested		\$ _____

Please use attachment(s) if additional space is necessary.

Total monthly gross **household** income, including military pay, VA disability and SSI \$ \_\_\_\_\_

Items required for Proof are listed below. **Please check the line below when each item is provided.**

**Requested Document**

- Statement letter signed by the veteran (explaining **IN DETAIL** your situation and how the COVID-19 emergency has effected you).
- DD214 issued with type of discharge.
- Attach copies of bills and invoices for expenses the grant will be used for.
- Most current month's bank statements of all accounts in household.
- Attach a copy of your last 2 pay stubs (both husband and wife if married)/ VA benefits letter/ SSA, retirement, cash assistance, unemployment, etc.

*I certify the above information to be true and correct. I authorize the verification/release of the information I am providing on this application. I authorize the State of Indiana and Joint Forces Headquarters or the appropriate Reserve Forces Command access to my pertinent records, including information maintained in Defense Enrollment Eligibility Reporting System (DEERS), as necessary to evaluate my application. Disclosure of information on this form including Social Security Numbers is voluntary, however, failure to provide requested information may prohibit the processing of this grant application. In accordance with applicable laws, the State of Indiana and the appropriate Selected Reserves HQ will maintain confidentiality regarding the application and any grant approved or denied, except as required to process this or subsequent applications, or as otherwise required by law.*

*I understand that my application will be closed if there is any missing information not submitted within thirty (30) days. **I also understand that if funds are granted, funds will be deposited by the State of Indiana directly to the vendor or into my checking or savings account.***

**By signing this application, I authorize the Indiana Department of Workforce Development (“DWD”) to disclosure my records and information contained within DWD’s Unemployment Insurance system. I designate the Indiana Department of Veterans Affairs as my agent, pursuant to 20 C.F.R. 603.5(d)(1) and I.C. § 22-4-19-6(f)(2), to receive any such records and information in order to verify my ability to receive assistance pursuant to this application. The information disclosed may include any information pertaining to benefits received by me from DWD, as well as information relating to wages or income I have received, including confidential unemployment compensation information as contemplated by 20 C.F.R. 603.2. Information disclosed pursuant to this release will only be used for the above listed purpose.**

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

\_\_\_\_\_  
Date (month, day, year)

### Monthly Budget Worksheet

Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_  
 Number of Children Living in Household: \_\_\_\_\_  
**Have you applied to other organizations for financial assistance? \_\_\_\_\_**  
*Please provide the names of the organizations and specify whether they assisted you or not.*

---



---



---

Income	Amount	Notes (if Applicable)
Active Duty Pay / DoD Retirement	\$	
VA Disability Compensation	\$	
SCAADL / VA Caregivers	\$	
Food Stamps / State Aid	\$	
Social Security	\$	Veteran:      Dependents:
School Benefits (GI Bill/Voc Rehab/Financial Aid)	\$	
Child Support	\$	
Veteran Employment	\$	Hourly Pay:      Hours:
Spouse Employment	\$	Hourly Pay:      Hours:
Unemployment	\$	
Special Pay	\$	
Other Income	\$	
<b>Total Monthly Income</b>	\$	
Expenses		
Rent / Mortgage	\$	
Vehicle Payment	\$	How many:
Vehicle Insurance	\$	
Electric	\$	
Water / Sewer / Garbage (total)	\$	
Gas / Propane for Home	\$	
Cable / Internet / Home Phone	\$	
Cell Phone	\$	
HOA Fees	\$	
Food	\$	
Medical (co-pays, prescriptions, etc.)	\$	
Personal Needs	\$	
Gas (vehicle)	\$	
Child Care Payments	\$	
Child Support Payments	\$	
Legal Fees	\$	
Dining Out / Entertainment	\$	
Monthly Credit Card Payments	\$	How many:
Monthly Student Loan Payments	\$	How many:
Monthly Personal Loan Payments	\$	How many:
Monthly Allocated to Savings	\$	
Other	\$	
<b>Total Monthly Expenses</b>	\$	
Difference		
Total Income	\$	
Total Expenses	\$	
Monthly Surplus / Deficit	\$	



**AUTOMATED DIRECT DEPOSIT  
AUTHORIZATION AGREEMENT**

State Form 47551 (R7 / 5-18)  
Approved by State Board of Accounts, 2018  
Prescribed by Auditor of State, 2018

\* This agency is requesting disclosure of your Federal Identification Number / Social Security Number in accordance with IC 4-1-8-1.  
Disclosure is mandatory, and this record cannot be processed without it.

In accordance with **IC 4-13-2-14.8**, a person who has a contract with the State of Indiana or submits invoices to the State of Indiana for payment shall authorize the direct deposit by electronic funds transfer of all payments by the state to the person.

This form must be completed in order to receive payment from the State of Indiana and any time there is a change in banking information. This form must be accompanied by a W9. If you are changing an e-mail address to receive electronic notifications of EFT deposits, please contact [vendors@auditor.in.gov](mailto:vendors@auditor.in.gov).

New Enrollment

Change of Existing Account

Prior Routing Number: \_\_\_\_\_

Prior Account Number: \_\_\_\_\_

**SECTION 1: AUTHORIZATION**

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

\_\_\_\_\_  
Name of Company or Individual (as shown on the account)

\_\_\_\_\_  
Federal Identification Number / Social Security Number \*

\_\_\_\_\_  
Address (Number and Street and/or PO Box Number)

\_\_\_\_\_  
City, State, and ZIP Code (00000-0000)

**SECTION 2: DIRECT DEPOSIT INFORMATION**

Type of Account:  Checking (Demand)  Savings

Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

Financial Institution: \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_

Account Number (maximum 17 digits – include leading zeros): \_\_\_\_\_

**SECTION 3: E-MAIL ADDRESS TO RECEIVE ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS \*Required**

(Please contact [vendors@auditor.in.gov](mailto:vendors@auditor.in.gov) to add more than four addresses.)

All future notices of EFT deposits to the bank account specified above will be sent to the following e-mail addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By checking this box, I authorize the information provided on this form to be accurate and I agree with the provisions on the reverse side of this form. I also authorize the State of Indiana to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request.

NAME (type) \_\_\_\_\_ TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

AUTHORIZED SIGNATURE\* \_\_\_\_\_ DATE (month, day, year) \_\_\_\_\_

\* Under **IC 26-2-8-106**, your electronic signature on this form represents the same legal authority as your written signature.





**AUTHORIZATION FOR CONSENT TO  
RELEASE INFORMATION**

State Form 56650 (1-19)

**INDIANA DEPARTMENT OF VETERANS AFFAIRS**  
302 West Washington Street, Room E120  
Indianapolis, Indiana 46204-2738  
Telephone: (317) 232-3910  
Toll-Free: (800) 400-4520  
Fax: (317) 232-7721  
Website: [www.in.gov/dva](http://www.in.gov/dva)

I \_\_\_\_\_, hereby authorize the Indiana Department of Veterans' Affairs access to obtain information pertaining to my financial institution, billing/payment information and employment history. I fully release the Indiana Department of Veterans' Affairs, and any and all employees, directors, and agent's permission to request verification of any information provided to them by me from the vendors in which I am requesting assistance with. I agree to willingly provide any information required to assist in this process.

It is to my understanding that the information being obtained will only be used in determining my eligibility for the Military Family Relief Fund and any other services I may apply for through the Indiana Department of Veterans' Affairs. I understand that the individuals reviewing my case determines the outcome and can decide to allocate funds approved directly to the vendors.

I hereby state that all information I have provided to the Indiana Department of Veterans' Affairs, in any form, is true to the best of my knowledge. I understand that any known misrepresentation made to the Indiana Department of Veterans' Affairs will result in denial of services and may exclude me from further consideration for services requested. Any information being obtained will not be used in violation of any federal or state law or regulation.

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date (month, day, year)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date (month, day, year)

***For Official Use Only***

Date Received (month, day, year): \_\_\_\_\_

Received By: \_\_\_\_\_



INDIANA  
**WORKFORCE**  
DEVELOPMENT  
AND ITS **WorkOne** CENTERS

**RELEASE OF INFORMATION**

**\*NAME OF APPLICANT (PRINT)** \_\_\_\_\_

**\*SOCIAL SECURITY:** \_\_\_\_\_

**\*CURRENT DATE:** \_\_\_\_\_

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.

\_\_\_\_\_  
**\*SIGNATURE OF APPLICANT**

Check this box if Power of Attorney is attached

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

**\*NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.**

**\*Signature of Requestor:** \_\_\_\_\_

**Requesting Agency:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**\*REQUIRED FIELDS:** For questions email [EmployVerification@dwd.IN.gov](mailto:EmployVerification@dwd.IN.gov)



---

## **Application for a Military Relief Fund Grant - COVID 19**

---

The cover page of the application includes all documents required to make a determination. *Documents included in the application: all must be completed.*

- Application (both pages)
- Budget Worksheet
- W-9 Form
- Direct deposit form
- Authorization form
- DWD Wage history

*Documents required from veteran:*

- DD-214 or NGB 22
- Statement letter signed by the veteran (explaining situation and how the COVID 19 VIRUS contributed to the current hardship)
- 2 months of current bills, invoices, estimates, etc.
- Most current bank statements for all accounts in household
- Evidence of income for applicant and spouse (pay stubs, VA compensation, SSA, retirement, cash assistance, unemployment, etc.)
- Evidence of assets
- Receipts from previous awards

---

### **Eligibility Criteria**

- Indiana Resident
- Time in Service (12 months of qualifying service)
- Discharge Type (Honorable or Under Honorable Conditions)

---

### **Financial Criteria**

- Federal gross income cannot exceed two (2) times the U.S Federal Poverty Guideline

---

### **Hardship Criteria**

- The hardship incurred by the applicant must be a reasonable and logical consequence of the COVID 19 Virus Emergency
- Must provide proof from employer of interruption of employment income.
- Impacts the veterans most central and basic living needs

---

### **Amount of Assistance**

- A lifetime maximum of \$2,500 in total assistance from the grant

---

### **Complete Application**

- The department may deny an incomplete application if all required documentation is NOT received within thirty (30) days of initial submission.
-

## MFRF – COVID 19

**The MFRF may provide grants to veterans and their dependent family members who are experiencing financial hardship due to the COVID 19 Virus. In general, funds may be used for:**

---

- Housing
- Utilities
- Food
- Medical expenses
- Childcare
- Other essential family support expenses
- Any other items will be considered on a case by case basis

---

**MFRF Funds cannot be used for:**

- Personal debts and loans to include, but not limited to credit cards, payday loans, student loans, loans from family and friends, etc.
- Cable TV bills
- Legal expenses and court costs including, but not limited to attorney's fees, tickets, vehicle registration, driver's license fees, child support, income taxes, garnishments/liens, bills that are in collections, etc.
- Non-essential day-to-day living expenses
- Purchasing a vehicle or home