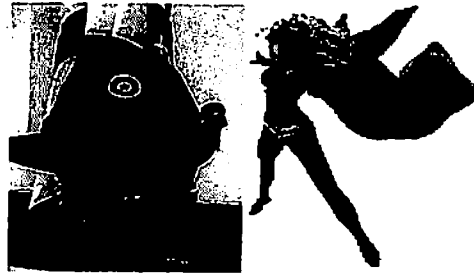


**2018-2019 American Legion Auxiliary
Auxiliary Emergency Fund
Programs Action Plan**



“Wear Your Dog Tags and Weather the Storm and Winds in 2018-2019!”

or

“Weathering the Storm and Winds While Wearing Our Dog Tags

The Auxiliary Emergency Fund (AEF) was established in 1969 with a bequest from the estate of Auxiliary member Helen Colby Small of Burlington, Wis. It continues today solely through generous donations from Auxiliary members. It is always a good idea to be proactive before and we can always add onto what is already available.

There are many different ways to raise funds, and funds can be donated directly by the member. The AEF Program Action Plan has some great ideas to start with and your unit can also add their own ideas!

As we start our Auxiliary year we must keep the focus on helping our Auxiliary families in their time of need. Nature is a definite force to be dealt with and we have all seen or witnessed the devastation it can cause. In this difficult period of global warming and the certainty that bad weather, floods, hurricanes, tornados, and fires will occur, we must work hard to be ready and prepared.

In closing our colors: Red mean we are ready to assist, White means we fight to help others to survive when an emergency strike and Blue is for the vision of spirit for service and not self-inside of you. Let's embrace this together and build the Auxiliary Emergency Fund stronger every chance we get and protect our members and their families during the year 2018-2019. Let the Super Hero in you put on your “Dog Tags” and “Weather the Storms and Winds that may come our way!”

“Life isn't about getting and having, it's about giving and being.”

- Kevin Kruse

For God and Country,

Dr. Deborah Blanch



Wear Your Dog Tags and Weather the Storm and Winds in 2018-2019!"
or
“Weathering the Storm and Winds While Wearing Our Dog Tags

**American Legion Auxiliary Department of Virginia
Auxiliary Emergency Fund Program Action Plan
2018-2019**

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What is The Program, and why do we have it?

The Auxiliary Emergency Fund provides temporary financial assistance to eligible members during times of financial or weather-related emergencies and natural disasters and promotes awareness and knowledge of the program.

***Note: Assistance will not be available for accumulated debt or medical expenses.

What Can You Do?

Each Unit should familiarize themselves with what the AEF can and cannot do, where to locate the current application and how to apply.

- Support Fundraising sponsored by Department and Units
- Making a personal donation to the AEF of \$ 50.00 or more will qualify you to receive a pin which will be requested by your Department Chairperson from National Headquarters. All donations to the AEF should be sent to ALA Dept. of VA, Secretary/Treasurer with AEF donation in the memo.

Units Can:

- Select a “Little Miss AEF” to dress real frilly and go out and promote the program and seek donations.
- Have printed application and AEF brochures available during unit meetings and at the local post home.
- Have a “Pocket Change for AEF” at every meeting. Encourage your members to collect and put the change from their purses into the jar at every meeting. Count the change at the end of the meeting and then turn it over to the treasurer who can write a check out and make a donation to AEF after every meeting.
- Put a Donation can in your local post. (Visit www.ALAforVeterans.org for a free, downloadable can label (there is a copy attached to this plan). Solicit local businesses for monetary in-kind donations to your Unit for AEF.
 - Hold a lunch or dinner sale with members donating food to sell.
- Promote as a benefit to new members and remind the current members of the benefit.
- Schedule a “member Helping Member “night at your local post. Not only is this a great time for an AEF fundraiser, but it gives you the opportunity to share information about what makes a member

eligible to receive help from the AEF. This is also a great time to promote new membership. Make sure to have membership application available. Before the event make sure that all Unit members are familiar with the AEF frequently asked questions as well as the criteria for assistance.

Members Can:

Distribute the "Before you begin-Frequently Asked Questions "sheet and AEF brochure found at www.ALAForVeterans.org to eligible members.

Program and Activity Information:

- The AEF brochure is available through the Department and also online at www.ALAForVeterans.org.
- Roles and Responsibilities of the Auxiliary Emergency Fund:
 - a. Temporary assistance to eligible members during; Examples of covered items:
 - A time of financial crisis when no other resources of aid are readily available to pay for shelter, food and utilities.
 - Weather related emergencies and natural disasters, for food and shelter.
 - Educational training for eligible members who lack the necessary skills employment or to upgrade competitive workforce skills.
 - b. Assistance will not be granted to pay accumulated debts or medical expenses the intent is to help members who have suffered a financial setback and is meant to be a bridge offering a temporary hand until financial stability is re-established. Incomplete applications and missing documentation will significantly slow processing of the case file.
 - c. Eligibility: Persons who have been members of the American Legion Auxiliary for at least the immediate past two consecutive years and whose current membership dues are at the time the emergency occurs (three consecutive years dues) may apply for assistance.
 - d. Assistance provided: The maximum grant amount is \$ 2,400.00, disbursed as the Auxiliary Emergency Fund Grant Committee determines.

AEF Reporting:

Mid-Year- Reports should be submitted to the Department AEF Chairman by **December 1, 2018**. Please see address on cover page. Please use this report to update the Department on your Unit activities up to this point. A one paragraph in narrative form is acceptable for the mid-year report.

Year End- Reports are due to the Department AEF Chairman by **April 15, 2019**. These reports should be sent the Department Secretary Treasurer. Narratives are encouraged and must be 500 words or less. The word count should be contained in the document. Please use the provided report form.

How to Sheets:

- How to Implement a Successful Water Bottle Coin Collection

Additional Resources/ Information:

www.alaforveterans.org (search for AEF)

Download Application for Assistance (doc)

Download Expedited Application for Disaster Victims Seeking Temporary Shelter Assistance (doc)

Submit Online Application for Assistance

Application must be received at National Headquarters within 3 months from disaster date

Eligibility: Persons who have been members of the American Legion Auxiliary for at least the immediate past two consecutive years, AND whose current membership dues are paid at the time the emergency occurs (three consecutive years' dues) may apply for assistance

You may submit the application in one of four ways:

Download paper copy of application and fax completed application to National Headquarters at 317-569-4502,

1. Mail to American Legion Auxiliary National Headquarters, Attn: AEF, 8945 N. Meridian St, Indianapolis, IN 46260,
2. Submit via the national website (click on the submit button after completing form)
3. E-mail directly to AEF@ALAforVeterans.org. Questions may be directed to AEF Grant Coordinator at (317) 569-4500.

Note: Applications lacking required information will be returned

Other Fundraising Ideas:

For any assistance in implementing any of these ideas, please don't hesitate to contact the AEF chairman.

Please remember to share on the Department of Virginia's Face book page any of your events throughout the year.

Auxiliary Emergency Fund

Mid-Year Report

2018-2019

Due December 1, 2018

Unit Name : _____ Number: _____

District: _____ Zone: _____ Chairman _____

Email: _____

Address: _____

Phone _____ Fax: _____

	Questions	Yes	No	Total
1	Did your Unit participate in the AEF program?			
2	Did you do a water bottle collection campaign? How much money was raised			\$
3	How many members participated during the year?			#
4	Did you promote the AEF Programs to businesses?			#
5	Did you promote the AEF to the community?			
6	Did you have a "Little Miss AEF"? How much money did she raise?			\$
7	Did your area experience any natural disasters?			
8	Did you have any members who donated individually \$50.00 or more? How many?			#
9	Did you have any businesses or community partners who donated? How many?			#
10	How much was collected?			\$
11	Did your Unit use the National Website as a resource for your program?			
12	Did your Unit provide a midyear report?			
13	Did you present the AEF Program to your Unit and Post home?			
14	Did you distribute any brochures regarding the AEF?			
15	Did you have any members who applied for AEF assistance? Total amount provided			\$
16	What was the total amount your Unit donated to the Department for the AEF Program			\$

Please use the space below to provide any additional information you would like to share regarding your Unit AEF Program activities: (Write or type extra page if needed)

Please provide this report to: (Must Be Post Marked by December 1, 2018)

Dr. Deborah Blanch

51 Richland Drive

Newport News, VA

AEF@vaauxiliary.org

Auxiliary Emergency Fund

Year End Report

2018-2019

Due April 15, 2019

Unit Name: _____ Number: _____ District: _____

Zone: _____ Chairman Name: _____

Email: _____

Address: _____

Phone Number: _____

Fax: _____

	Questions	Yes	No	Total
1	Did your Unit participate in the AEF program?			
2	Did you do a water bottle collection campaign? How much money was raised			\$
3	How many members participated during the year?			#
4	Did you promote the AEF Programs to businesses?			#
5	Did you promote the AEF to the community?			
6	Did you have a "Little Miss AEF"? How much money did she raise?			\$
7	Did your area experience any natural disasters?			
8	Did you have any members who donated individually \$50.00 or more? How many?			#
9	Did you have any businesses or community partners who donated? How many?			#
10	How much was collected?			\$
11	Did your Unit use the National Website as a resource for your program?			
12	Did your Unit provide a midyear report?			
13	Did you present the AEF Program to your Unit and Post home?			
14	Did you distribute any brochures regarding the AEF?			
15	Did you have any members who applied for AEF assistance? Total amount provided			\$
16	What was the total amount your Unit donated to the Department for the AEF Program			\$

Please use the space below to provide any additional information you would like to share regarding your Unit AEF Program activities: (Write or type extra page if needed)

Please provide this report to: (Must Be Post Marked by April 15, 2019)

Dr. Deborah Blanch
51 Richland Drive
Newport News, VA 23608
AEF@vaauxiliary.org



HOW TO ORGANIZE A COLLECTION DRIVE FOR AUXILIARY EMERGENCY FUND

1. Decorate a box, jar, or can (*Pocket change for AEF*) with the AEF facts sheet.
2. Distribute to members, family, co-workers and community.
3. Have a small brochure/ index card that tells what the AEF fund is all about.
4. Have them commit to a date to turn in the full bottle.
5. Solicit business to support the drive.
6. Reward the businesses that participate with certificates to be displayed.
7. Involve your junior members by having them decorate some of the bottle that will be distributed throughout the community.
8. Locate businesses that will let you set up a donation station in front of their stores.

Help Support ALA members
in crisis with your donations



Auxiliary
Emergency Fund
**MEMBERS
IN CRISIS
NEED YOUR
HELP!**

AEF Facts

Serving Size: Large Portion of Love
Savings Per Can: Unlimited Donations

Amount/Serving	What U Can
Benefits from Donation	Limitless
	% Daily Value
Saturated Smiles	100%
Generous Contributions	100%
Providing A Helping Hand	100%
Heartwarming Support	100%
Improving Members' Lives	100%

CONTRIBUTE AFTER OPENING

INGREDIENTS: American Legion Auxiliary members passionately serve veterans and military families in need. But when need strikes home, the Auxiliary Emergency Fund is available to members for temporary emergency assistance.

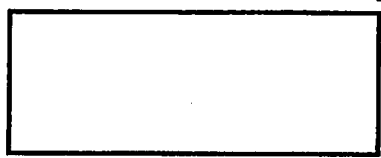
Since its establishment in 1989, the AEF has been available to members experiencing radically life-changing events whether from personal crisis to acts of nature.

The AEF is here to help thanks to your generous contributions -- members helping members in the broadest form. But, it will only be here with your continued assistance. Any amount helps.

For more information, visit us online at www.AL.org/veterans.org



Made with
Your Donations



American Legion Auxiliary Emergency Fund Expedited Application for Members Affected by Disaster

Application must be received at National Headquarters within 3 months from disaster date

You may fax completed application to National Headquarters at (317) 569-4502, mail to American Legion Auxiliary National Headquarters, Attn: AEF, 8945 N. Meridian St, Indianapolis, IN 46260, or e-mail directly to AEF@ALAforVeterans.org.

Questions may be directed to Amanda Ginter at (317) 569-4564. Note: *Applications lacking required information may be returned.*

Type of Disaster: Fire Flood Hurricane Tornado Earthquake Severe Weather (i.e. lightning, heavy snow)
Other (Please Explain) _____ Date of Occurrence: _____

Member's Full Name: _____ Member ID #: _____

Member's Unit # & Location: _____ Member's Dept: _____

Member's Address at time of Disaster: _____
address city state zip

Member's Phone Number: () _____ - _____ Family size / # of Dependents: _____

Do you own or rent primary residence? Rent Own Was primary residence damaged? Yes No

If damaged, was residence insured? Yes No If insured, please indicate amount you expect to receive from policy: \$ _____

Are you still residing in residence? Yes No If no, please explain current living arrangements: _____

How long were you or do you anticipate being out of home? _____ days _____ weeks

Was employment of member lost due to disaster? Yes No Was employment of her spouse lost due to disaster? Yes No

Was employment of member temporarily suspended? Yes No Was it for spouse? Yes No

yes, how long for each? Member: _____ days _____ weeks Spouse: _____ days _____ weeks

Damage Incurred: Please explain damage incurred, attaching additional sheets as needed to fully explain extent of damage. Include any available photos, copies of repair estimates, statements from FEMA and/or local law enforcement, etc. *These items cannot be returned.*

Emergency Expenses Incurred Emergency Lodging: \$ _____ Food/Water: \$ _____ Other \$ _____
Please explain "Other" expenses, such as plywood, generator, dry ice, etc., and attach copies of applicable receipts.

PAYMENT INFORMATION

Payment can be transmitted by electronic funds directly to the member's bank account OR a check can be mailed. You must provide a complete mailing address for delivery of a check by the U.S. Postal Service. For electronic funds transfer, you must provide the bank name, routing /ABA number, type of account and your account number. If available, please include a voided check for accuracy.

Member's (Applicant's) Name as listed on Account: _____

Member's Address as listed on Account: _____

Name of Member's Bank: _____ Type of Account: Checking Savings

Bank Routing#/ABA # _____ Member's Bank Account # _____

Address where Check is to be mailed: _____

Member's Signature: _____ Date: _____

**Please Note: The maximum grant amount for an expedited disaster application is \$2,400.00, disbursed as determined by the Auxiliary Emergency Fund Grant Committee.*

American Legion Auxiliary Emergency Fund Application for Assistance (AEF)

Name: _____

Membership ID # _____

Unit # _____

Date of Birth: _____

Address: _____

Street

City

State

Zip Code

Phone: _____

E-Mail _____

Marital Status: Married Single Widowed Separated

What is your current employment status?

Full-Time Part-Time Laid-Off Retired
Worker's Compensation Unemployed

Place of Employment: _____

(If Unemployed, please explain in the Narrative section of page 3)

Please list your last date of employment: _____

What specific steps have you taken to secure employment?

Are you a veteran? Yes No

If yes, please list dates of service: _____

What is your spouse's current employment status?

Full-time Part-time Laid-Off Retired
Worker's Compensation Unemployed

Spouse's Place of Employment: _____

(If Unemployed, please explain in the Narrative section of page 3)

Please list your spouses last date of employment: _____

Is your spouse a veteran? Yes No

If yes, please list dates of service: _____

If spouse is deceased, please list date of death: _____

Are there any minor children living in your home? Yes No

If yes, please list by name, age and relationship to you:

Are there any other adults living in your home? Yes No

If yes, please list by name and relationship to you:

THIS SECTION TO BE COMPLETED BY DEPARTMENT SECRETARY

I certify that the applicant has paid dues for the two immediate preceding years and her dues have been received for the current year.

Department Secretary's Signature _____

Date _____

Rules/Instructions

The Auxiliary Emergency Fund was created to provide:

- Temporary assistance to eligible members during a time of financial crisis when no other source of aid is readily available to pay for shelter, food and utilities.
- Temporary assistance for food and shelter to eligible members related to weather-related emergencies and natural disasters
- Temporary assistance for educational training for eligible members who lack the necessary skills for employment or to upgrade competitive workforce skills.
- The AEF maintains the confidentiality of all applications, reviews, and supporting documents, and will neither disclose nor release AEF applications, files, or cases to anyone outside of the ALA AEF Review Committee.

Assistance will not be granted to pay accumulated debts or medical expenses. The intent is to help members who have suffered a financial setback and is meant to be a bridge offering a helping hand until financial stability is reestablished.

Eligibility: Persons who have been members of the American Legion Auxiliary for at least the immediate past two consecutive years. AND whose current membership dues are paid at the time the emergency occurs (three consecutive years' dues) may apply for assistance.

Assistance Provided: The maximum grant amount is \$2,400.00, disbursed as the Auxiliary Emergency Fund Grant Committee determines.

UNIT, PLEASE READ THE FOLLOWING:

Each AEF application is assessed entirely on the basis of the written record provided herein. Therefore, both the Unit and member should be specific and thorough when completing the application. Please type or print neatly to ensure legibility.

Remember to:

- Ensure the applicant has completed all applicable sections.
- Ensure all sections requiring Unit input are complete.
- Ensure all appropriate signatures have been obtained.
- Forward the completed application to your Department Secretary.

This section to be completed at National Headquarters

Date Received: _____ Case Number: _____

Membership Verification: _____

Current Monthly Income

Current earnings of Applicant: _____
 Current Earnings of Spouse: _____
 Earnings of other(s) in household: _____
 Veteran's Pension/Compensation: _____
 Child Support: _____
 Social Security: _____
 SSI: _____
 SSD: _____
 Food Stamps: _____
 WIC: _____
 Aid from Post/Unit: _____
 Unemployment Compensation: _____
 Workman's Compensation: _____
 Alimony: _____
 County/State Assistance: _____
 Stock Dividends: _____
 Other Income: _____
 (Please Specify Source) _____

Total for all current monthly income: _____

Current Monthly Expenses

Do you own or rent your home? Own Rent
 Amount of monthly payment/rent: _____
 Electricity: _____
 Fuel for Heating: _____
 (Please select which type of fuel) Gas Propane Oil
 Water/Sewage: _____
 Food: _____
 Telephone: _____
 Child Care: _____
 Medication: _____
 Toiletries: _____
 Insurance: _____
 Homeowners: _____
 Life: _____
 Auto: _____
 Health: _____
 Other: _____
 Other expenses (please specify): _____
 (i.e. medical bill payments, credit card payments, etc.) _____

Total for all current monthly expenses: _____

Creditor Information

Mortgage Company/Landlord: _____
Name of Institution Account # (if applicable)
 Address: _____
Street City State Zip
 Utility Company or Other: _____
Name of Company Account #
 Address: _____
Street City State Zip
 Utility Company or Other: _____
Name of Company Account #
 Address: _____
Street City State Zip

IMPORTANT!!!

Please attach all copies of all current utility statements, bills, eviction notices, disconnection notices and any other expenses to be considered.
 Applications lacking required information and documentation will take longer to process.

Please turn to page 3 and complete both sections.

Federal, State and Local Assistance

Source	Date Applied:	Status: <i>A=Approved D=Denied P=Pending</i>	Amount Approved: <i>(If Eligible)</i>	If ineligible, please explain:
Post/Unit				
Assistant for Needy Families				
VA Disability/Pension				
Social Security/Disability				
Supplemental Security/Income				
Medicare/Medicaid				
Food Stamps				
WIC				
FEMA				
Public Assistance:				
Private Charities:				
All Others <i>(Please List)</i> :				

Applicant Narrative

Please use the following space to provide a brief narrative regarding your current situation/emergency. You may want to include any additional information not provided elsewhere on this application. Please remember to sign and date below as well.

If this portion is not complete and /or a signature is not present, this application will be returned.

DISASTER ASSISTANCE

(This section is required for Disaster Applicants only. Those experiencing financial hardship unrelated to a disaster or apply for educational assistance may skip this section.)

Date of Occurrence(s): _____

Type of Disaster/Emergency: Fire Flood Hurricane Severe Weather (i.e. lightning, heavy snow)
 Earthquake Other (Please Explain) _____

Is the affected dwelling your primary residence? Yes No Are you still residing in the dwelling? Yes No

If you are not still residing in the dwelling, please explain where you are currently living as well as how long you anticipate being out of your home:

Please explain the damage incurred:

(You may attach additional sheets of paper if needed. Please include copies of any photographs, repair estimates, statements from FEMA or local Law Enforcement, etc.) As these items CANNOT be returned, please DO NOT send original receipts or photos that you may need returned.

Did you purchase emergency supplies? Yes No

(If yes, please list the cost of these supplies and provide copies of applicable receipts.)

Plywood _____ Generator _____ Gasoline _____ Dry Ice _____ Bottled Water _____
 Lodging _____ Other (please explain) _____

Is the affected property insured? Yes No *If yes, please indicate the amount you expect to receive from the policy:*

(Please attach copies of any applicable documents regarding the property's insurance policy)

Additional Comments: _____

NOTE: *In addition to this section, please make sure to complete all sections on pages 1-3. Applications lacking required information will be returned.*

Unit's Report

This section is to be completed by the Unit Investigator (appointed by the Unit President)
Please provide a narrative explaining the member's situation in more detail to include:

- 1) Why assistance is needed
- 2) Steps that have been taken to obtain other assistance
- 3) Your Unit's plan to assist member
- 4) Your Unit's recommendation to the AEF Grant Committee

(If additional space is needed, attach a separate piece of paper.)

SIGNATURES

IMPORTANT NOTE: This application **MUST** be signed by the Unit President, Unit Secretary and the Unit Investigator (who is appointed by Unit President). Those who sign below cannot be related to the applicant. Two signatures are accepted **ONLY** when the Unit President or Unit Secretary is inaccessible (in the hospital, out of town, etc.), is the applicant or is related to the applicant. Otherwise, all three signatures are required before the application can be processed. **ALSO NOTE:** The Unit President cannot appoint herself to be the investigator.

Unit Name and Number: _____

Unit President: _____
Printed Name Signature

Address: _____
Street City State Zip Code

Daytime Phone: _____ **E-mail:** _____

Unit Secretary: _____
Printed Name Signature

Address: _____
Street City State Zip Code

Daytime Phone: _____ **E-mail:** _____

Unit Investigator: _____
Printed Name Signature

Address: _____
Street City State Zip Code

Daytime Phone: _____ **E-mail:** _____