



*Auxiliary Emergency Fund*  
*Department of Michigan*  
*2021 – 2022*

*Auxiliary Emergency Fund*  
*2021 – 2022*  
*Guide*

Chairman

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Auxiliary Emergency Fund  
Mission

“To provide temporary financial assistance to eligible members during times of financial crisis or weather – related emergencies and natural disasters and to promote awareness and knowledge of the program”

The Auxiliary Emergency fund was established in 1969 by the National Executive Committee, as National President Marcella Davidson, Department of New Mexico, started this as her special project. It was funded initially through a generous legacy gift from Auxiliary member Helen Colby Small of Burlington, Wisconsin. The AEF is now able to continue to grant assistance through voluntary contributions.

In 1981, the AEF program was expanded to include a fund to help members who needed to support themselves due to unexpected life-changing circumstances such as death or illness of a spouse, divorce, or desertion. Those women found it difficult to obtain employment, and who are without the job skills necessary to obtain adequate employment. Because of this, short-term assistance can now be provided to help our members acquire marketable job skills through schooling or job training when all other sources of financial aid have been exhausted. This was called the Displaced Homemakers Fund. With the continuous generosity of our unit members, the funds allowed a wider use of the benefits to our members and it continues today. The first AEF grant amount was \$150 and today the grant amount is for \$2,400 that our members may be eligible to receive. Since the AEF Program's existence, our members have received an estimated \$5.8 million, with over \$6 million in donations from our generous members.

### **Auxiliary Emergency Fund**

#### **Application Instructions for Members Affected by Disaster**

An Auxiliary Emergency Fund grant may provide immediate emergency assistance to eligible American Legion Auxiliary members in areas devastated by a natural disaster, such as fire, flood, hurricane, tornado, earthquake, or other severe weather. The applicant must have received damage to the primary residence and/or been displaced or evacuated from the residence and had out-of-pocket expenses for food, clothing, and shelter. Grants may be awarded up to \$2,400. This assistance is meant to be a helping hand until financial stability is re-established. Eligible members must apply and be selected for a grant.

Applicants for this temporary assistance are considered when:

- Members are left without shelter or food following a natural disaster or weather emergency;
- Members are dealing with a financial crisis that leaves them without resources for shelter, food, or utilities – and no other source of aid is readily available; and
- In extreme circumstances, when members lack necessary skills for employment and need educational training.
- **AEF funds cannot be used to pay debts (such as credit card debts) or medical expenses.**

#### **BASIC CRITERIA FOR QUALIFICATION**

- The applicant must be an American Legion Auxiliary (ALA) member
- Applicant must have maintained ALA membership for three consecutive years (the current year and immediate past two years)
- Application must be received within 6 months of disaster.
- One grant per grantee in a 12-month period will be awarded

## **REQUIRED APPLICATION INFORMATION**

The application must be filled out completely and accurately to prevent delay in processing. Please explain in detail the damage incurred to the primary residence including roofing, structure, windows, flooring, appliances, furniture, and all contents in the home. Include all supporting documents such as photographs, copies of receipts, work estimates, and government agency documents. If the application is not complete, it may be returned for amendment and or further explanation.

## **CHECKLIST BEFORE SENDING IN THE APPLICATION**

Confirm you have held membership for three consecutive years (the current year and immediate past two years)

Complete ALL sections of the application

Provide copies of receipts for emergency expenses incurred including lodging, food/water, fuel, and other

## **SUBMIT APPLICATION**

Once application is complete, please e-mail to [AEF@ALAforVeterans.org](mailto:AEF@ALAforVeterans.org); fax to National Headquarters at (317) 569-4502; or mail to American Legion Auxiliary National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

## **QUESTIONS**

If you have any questions, please email [AEF@ALAforVeterans.org](mailto:AEF@ALAforVeterans.org) or call (317) 569-4500

## Before you begin completing the Auxiliary Emergency Fund Application

### Are you eligible?

- ☐ My dues have been paid for the last two consecutive years, as well as the current year (three yrs. total).

### Decide for which type of assistance you are applying.

- ☐ Temporary assistance during a time of financial crisis, when no other source of aid is readily available to pay for shelter, food and utilities. (Complete pages 1-3 of the application)
- ☐ Temporary assistance for food and shelter related to weather-related emergencies and natural disasters. (Complete pages 1-4 of the application)
- ☐ Temporary assistance for educational training due to the lack of skills necessary for employment or in order to upgrade competitive workforce skills. (Complete pages 1, 2, 3 and 5 of the application)

### Documentation to collect before beginning:

- A) Monthly earnings figures for yourself, your spouse (if applicable) and anyone else in the household (if applicable), including:

- ☐ Veteran's Pension/Compensation
- ☐ Child Support and TANF
- ☐ Social Security
- ☐ SSI
- ☐ SSD
- ☐ Medicare/Medicaid
- ☐ Food Stamps
- ☐ WIC
- ☐ FEMA
- ☐ Unemployment Compensation
- ☐ Workmen's Compensation
- ☐ Alimony
- ☐ County/State Assistance
- ☐ Stock Dividends
- ☐ Donations from private charities, including your post/unit/department
- ☐ Any other income/donations

- B) Dollar amounts for current bills, including:

- ☐ Mortgage/Rent
- ☐ Electricity Bill
- ☐ Fuel
- ☐ Water/Sewage
- ☐ Food
- ☐ Telephone
- ☐ Child Care
- ☐ Medication
- ☐ Toiletries
- ☐ Insurance
  - Homeowners
  - Life
  - Auto
  - Health
  - Other

- C) Copies of the following will need to be provided upon submission:

- ☐ Current Electric bill
- ☐ Current Natural Gas bill
- ☐ Current Water bill
- ☐ Current Sewage bill
- ☐ Current Phone bill
- ☐ Eviction notices
- ☐ Disconnection notices
- ☐ And any other expenses or documentation to be considered (such as receipts for supplies and repair estimates from a natural disaster)

- D) If applying for disaster assistance, please complete page 4 and include copies of:

- ☐ Photographs of the damage
- ☐ Repair estimates
- ☐ Statements from FEMA or local Law Enforcement
- ☐ Receipts for supplies, if purchased
- ☐ Documents regarding the insurance policy on the property

- E) If applying for education assistance, please complete page 5 and:

- ☐ List
  - i) Name and address of institution
  - ii) The course title(s)
  - iii) The cost of the course(s)
  - iv) The beginning and end dates
- ☐ Include copies of course schedule(s), if already enrolled

<sup>1</sup> This type of assistance will be awarded directly to the educational institution, not the member.

You are now ready to begin. After you have completed the application, submit it with the necessary documents to your unit for consideration.



*For Internal Use Only*

Case # \_\_\_\_\_

Date Received \_\_\_\_\_

# of Continuous Yrs. \_\_\_\_\_

**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, 3450 Founders Rd., Indianapolis, IN 46268, or e-mail directly to AEF@ALAforVeterans.org. Questions may be directed to Marti Drake 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

If 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.





Auxiliary Emergency Fund  
**Application for Temporary Assistance for ALA Members**

E-mail application to [AEF@ALAforVeterans.org](mailto:AEF@ALAforVeterans.org); Fax to National Headquarters at (317) 569-4502;  
or Mail to American Legion Auxiliary National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

Member's Full Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Member's Unit # & Location: \_\_\_\_\_ Member's Dept: \_\_\_\_\_

Member's Address: \_\_\_\_\_  
address city state zip

Member's Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Years of consecutive ALA membership: \_\_\_\_\_ Number of family members in the home: \_\_\_\_\_

What is your current employment status?

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

Place of Employment: \_\_\_\_\_ If unemployed, last date of employment: \_\_\_\_\_

If unemployed, please explain and outline steps taken to secure employment: \_\_\_\_\_

What is your spouse's current employment status?

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

Place of Employment: \_\_\_\_\_ If unemployed, last date of employment: \_\_\_\_\_ If spouse is deceased, date of death: \_\_\_\_\_

**Applicant Narrative:** Please explain in detail your current situation/emergency. Include any additional information not outlined elsewhere on the application. **Attach copies of all current utility statements, bills, eviction notices, disconnection notices and any other expenses to be considered.**

## 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.*

[illegible]

## 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:

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Please explain the damage incurred:

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(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:*

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

Additional Comments: \_\_\_\_\_

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

## Educational Assistance

***This section to be completed by applicants seeking educational assistance:***

What is the highest level of education completed? ☐ High-school graduate ☐ Some college ☐ College graduate ☐ Other

If Other, please explain: \_\_\_\_\_

Have you already enrolled in an educational institution? ☐ Yes ☐ No *If yes, when?* \_\_\_\_\_

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

If not already enrolled, what steps have you taken to obtain the educational training needed to qualify for the position you are seeking (i.e. job counseling, career aptitude testing, finding appropriate training institution :) \_\_\_\_\_

What type of position or specific job are you seeking? \_\_\_\_\_

Please List below (1) the course you need to complete to qualify for the position you hope to obtain, (2) the cost of each course and (3) the beginning and (4) ending dates for each course you plan to take. Please attach a copy of your course schedule if you are already enrolled.

(1) Name of Course	(2) Cost Per Course	(3) Beginning Date	(4) Ending Date
Total Cost:			

In what month and year do you expect to complete all coursework necessary to qualify for the position you hope to obtain? \_\_\_\_\_

If you are already enrolled, please enclose the statement of charges or the receipt. If you have already paid for the first phase of the training, the check for the grant will be issued directly to you. If you have not yet paid, the check will be made payable and mailed to the educational institution.

Are you receiving financial assistance from any other source to pay for the needed educational training? ☐ Yes ☐ No *If yes, please indicate the amount you are receiving as well as how long this assistance is available to you:* \_\_\_\_\_

If you are NOT receiving financial assistance from other sources, have you applied for financial aid through the Financial Aid office or the school or training center you wish to attend? ☐ Yes ☐ No *If yes, what was the response?* \_\_\_\_\_

*If No, please explain.* \_\_\_\_\_

**Note:** When you have completed pages 1, 2, 3 and 5, present your application to your Unit officers for further processing.

## 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.)*

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## SIGNATURES

IMPORTANT NOTE: This application MUST be signed by the Unit President, Unit Secretary and the Unit Investigator (who is appointed by the 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:** \_\_\_\_\_

## **What Can You Do?**

1. Familiarize each unit and department with what AEF can and cannot do, where to locate the current application and how to apply.

### **Ideas:**

#### **Member**

- Distribute the “Before you Begin – Frequently Asked Questions” sheet and AEF brochure (1 attached to this guide) found at [www.ALAforVeterans.org](http://www.ALAforVeterans.org) to eligible members. Promote as a benefit to new members.

#### **Unit**

- Have printed applications and AEF brochures available during unit meetings and at the local post.

#### **Department**

- Educate each unit and department AEF chairman on Auxiliary Emergency Fund roles and responsibilities. Encourage AEF chairman to procure brochures for their eligible members. This can be at [www.ALAforVeterans.org](http://www.ALAforVeterans.org).

## **2. Help the National Auxiliary Emergency Fund obtain donations by supporting department and unit fundraisers.**

### **Ideas:**

#### **Member**

- Support fundraisers sponsored by your department and unit.
- Make a personal donation to the AEF. Donations of \$50 or more will receive a pin requested by your department from National Headquarters.

#### **Unit**

- Put an AEF donation can in your local post (visit [www.ALAforVeterans.org](http://www.ALAforVeterans.org) for a free, downloadable can label). Solicit local businesses for monetary or in-kind donations to your unit for AEF.
- Schedule an annual “Members Helping Members” 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. Have membership applications available, and sign up new members during an event. Legion members might sign up eligible relatives in order to provide this protection for them. Prior to the event, be sure all unit members have read and are familiar with the AEF frequently asked questions as well as the criteria for assistance.

#### **Department**

- Share fundraising ideas on all levels through newsletters, bulletins and stories, and circulate at every meeting. Along with the brochures, inform members that any donation of \$50 or more will receive a pin. AEF Donation Pin Order Forms are available at [www.ALAforVeterans.org](http://www.ALAforVeterans.org) or by contacting National Headquarters at (317) 569-4500, or by emailing your request to [aef@ALAforVeterans.org](mailto:aef@ALAforVeterans.org). Departments track and distribute pins to individual members.

## **Programs and Activities**

1. The AEF brochure is available through departments and also online at [www.ALAforVeterans.org](http://www.ALAforVeterans.org)
2. Please use the current form and follow directions to ensure that evaluation and processing are completed in a timely fashion. Incomplete applications can delay the application process. The current application and expedited application are available at [www.ALAforVeterans.org](http://www.ALAforVeterans.org).
3. Forms are available to order pins for individuals who donate \$50 or more. AEF Donation Pin Order Forms are available at [www.ALAforVeterans.org](http://www.ALAforVeterans.org), by contacting National Headquarters at (317) 569-4500, or by emailing your request to [aef@ALAforVeterans.org](mailto:aef@ALAforVeterans.org). Departments track and distribute pins to individual members.
4. AEF frequently asked questions and additional AEF information are available on the AEF page at [www.ALAforVeterans.org](http://www.ALAforVeterans.org).

### **5. The following core rules apply to the Auxiliary Emergency Fund:**

- a. 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.
  - Weather-related emergencies and natural disasters, for food and shelter.
  - Educational training for eligible members who lack the necessary skills for 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 helping hand until financial stability is re-established. Incomplete applications and missing documentation will significantly slow processing 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 Auxiliary Emergency Fund (AEF) 3 membership dues are paid at the time the emergency occurs (three consecutive years' dues) may apply for assistance.
- d. Assistance provided: The maximum grant amount is \$2,400, disbursed as the Auxiliary Emergency Fund Grant Committee determines.

# AEF Reporting

## Mid-Year Reports

Mid-Year reports reflect the program work of units in the department, and are intended as an opportunity for mid-year correction. Each department AEF chairman is required to submit a narrative report to the division AEF chairman, plus copy the national AEF chairman BY JANUARY 5, 2022.

**\*\*\*\*\*UNITS NEED TO HAVE THE MID YEAR REPORTS TO ME BY DECEMBER 20, 2021.\*\*\*\*\***

## Year-End Reports

Annual reports reflect the program work of units in the department, and may result in a national award for participants if award requirements are met. Each department AEF chairman is required to submit a narrative report to the division AEF chairman, plus copy the national AEF chairman BY MAY 15, 2022.. Members and units should follow their department's protocol and deadlines.

**\*\*\*\*\*DISTRICTS NEED TO HAVE THE YEAR END REPORTS TO ME BY APRIL 15, 2022.\*\*\*\*\***

## AEF Awards

Taking the time to share a favorite story about the positive impact you or someone you know has had on our mission is worth doing! It helps us tell the world who we are, what we do, and why we matter. Just three simple steps to add your part to our national success story:

- 1) Please follow instructions as you fill out the National Report and Awards Cover Sheet found in the awards section of the Programs Action Plan.
- 2) Provide details/examples about the activity as outlined in the award's materials and guidelines section.

National Report and Awards Cover Sheet, deadlines, and AEF committee contact information may be found on the AEF committee page on the national website, [www.ALAforVeterans.org](http://www.ALAforVeterans.org).

### A. Department Award: Largest Contribution

- Award: Citation
- Presented to: One department per division contributing the largest donations (per capita) to the AEF as of June 1.

### B. Member Award: Individual Contribution of \$50 or More (Contribution Form Included in this Guide)

- Award: Citation and Lapel Pin Recognition
- Presented to: Individual contributor donating \$50 or more
- Materials and guidelines: The citation form is available at [www.ALAforVeterans.org](http://www.ALAforVeterans.org). Citations may be printed by the unit or department.

### C. Unit Award: Largest Contribution by a Unit

- Award: Citation Plaque and special recognition at national convention
- Presented to: One unit contributing the largest amount (per capita)
- Materials and guidelines:

Total donations per unit will be tracked by National Headquarters and will be divided by the units' current membership totals as of June 1 to determine the per capita donation amount

### D. Department Award: Largest Contribution by a Department



- Award: Citation Plaque and special recognition at national convention
- Presented to: One department contributing the largest amount (per capita)
- Materials and guidelines:

Total donations per unit will be tracked by National Headquarters and will be divided by the units' current membership totals as of June 1 to determine the per capita donation amount.

### **How To Sheets**

- How to Implement a Successful Water Bottle Coin Collection

### **Additional Resources You Can Use**

1. [www.ALAforVeterans.org](http://www.ALAforVeterans.org) (for additional resources and descriptions)
2. [www.legion.org](http://www.legion.org)
3. [www.operationhomefront.net](http://www.operationhomefront.net) (general financial assistance for military families)
4. [www.211.org](http://www.211.org) (referral program for local help with food, housing and employment)
5. [www.fema.gov](http://www.fema.gov) (disaster assistance)
6. [www.redcross.org](http://www.redcross.org) (disaster assistance)
7. [www.fns.usda.gov/snap/](http://www.fns.usda.gov/snap/) (Supplemental Nutrition Assistance Program)
8. [www.liheap.ncat.org](http://www.liheap.ncat.org) (Low Income Home Energy Assistance Program)
9. The AEF Committee Facebook group, search "Aux Emergency Fund"
10. Your national Auxiliary Emergency Fund committee members (see AEF program page on the national website or Annual Supplement for contact information)

### **AMERICAN LEGION AUXILIARY 2017-2022 PROGRAMS ACTION PLAN HOW TO GUIDES**

Auxiliary Emergency Fund HOW TO HOLD WATER BOTTLE COIN COLLECTION DONATIONS TO THE AUXILIARY EMERGENCY FUND Committee: Auxiliary Emergency Fund (AEF) Contact Information for Questions: [aef@ALAforVeterans.org](mailto:aef@ALAforVeterans.org) Water Bottle Coin Collection: Hand out a free 20 oz. bottle of water at a meeting to all members in attendance and ask them to return the bottle filled with coins to the next meeting. A 20 oz. water bottle filled with dimes adds up to almost \$100! Unit: Offer a prize to the member donating the largest amount. Department: Offer an award for the unit that collected the largest amount the previous year. Suggested label for bottles: MEMBERS HELPING MEMBERS FILL WITH COINS. (SEE How to at end of guide)

### **Other AEF Fundraising Ideas:**

**It's a Wrap** - Offer gift-wrapping services at Christmas time for families along with babysitting services for a small donation. Other ideas include: show a holiday movie, make cards for veterans and military or assemble Pocket Flags. A lot of activities could be rolled into one night! Imagine how this wonderful service would help families in your community deal with stress during the holidays.

**Buy a Meal** - Volunteers donate homemade meals to sell. Could be in conjunction with a bake sale. Or sell food and baked goods at local sports games or dances.

**Eat for a Cause** - Contact local restaurants and ask them to set aside a night where a percentage of the sales would be donated to AEF.

**Talent Show** - Hold a talent show and charge for admission. Sell light fare and refreshments. Note: A Delaware unit held a talent show, charged \$5 per person, sold food and 50/50 and raised almost \$2,000 for the USO!

**Otterbox** - Sign up and request product donations for your raffles and/or silent auctions at <http://www.otterbox.com/en-us/product-donations.html>. Requests can take up to 6 weeks to be processed.



## HOW TO HOLD WATER BOTTLE COIN COLLECTION DONATIONS TO THE AUXILIARY EMERGENCY FUND

**Committee:**

Auxiliary Emergency Fund (AEF)

**Contact Information for Questions:** [aef@ALAforVeterans.org](mailto:aef@ALAforVeterans.org)

**Water Bottle Coin Collection:**

Hand out a free 20 oz. bottle of water at a meeting to all members in attendance and ask them to return the bottle filled with coins to the next meeting. A 20 oz. water bottle filled with dimes adds up to almost \$100!

Unit: Offer a prize to the member donating the largest amount.

Department: Offer an award for the unit that collected the largest amount the previous year.

Suggested label for bottles:



**MEMBERS HELPING MEMBERS  
FILL WITH COINS  
FOR  
AMERICAN LEGION AUXILIARY EMERGENCY FUND  
UNIT #xxxxxx**



AMERICAN LEGION AUXILIARY

**AUXILIARY EMERGENCY FUND**  
**Contribution Form**

**PERSONAL INFORMATION**

*Please Type or Print*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Department of: \_\_\_\_\_

**PAYMENT INFORMATION**

**Payment Type:**

☐

Check

Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_

*Make check payable to: American Legion Auxiliary, National  
and indicate "AEF" in check memo*

☐

Credit Card

Type: \_\_\_\_\_ Name on Card: \_\_\_\_\_

*MasterCard or Visa ONLY*

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DONATION AMT: \_\_\_\_\_

**SEND THIS FORM TO:**

American Legion Auxiliary  
National Headquarters  
ATTN: Development  
3450 Founders Road  
Indianapolis, IN 46268  
Fax: (317)-569-4502

**QUESTIONS:**

(317) 569-4563 – Ask for Marti Drake  
or email: [acf@alaforveterans.org](mailto:acf@alaforveterans.org)

## AEF IN ACTION

"I cannot tell you what a blessing it was to open the mailbox and find your letter. It's going to be a very long time before I can work again, but at least I have a home to stay in. Thank you, thank you, thank you."

—Auxiliary Member,  
Vermont



"Thank you so much for the temporary assistance from AEF. Never in a million years did I imagine that I would be in need of asking for assistance."

However, during a family vacation celebrating my brother's safe return from Afghanistan, my house burned down. Everything was lost, or so I was told. When I went to thank the police department for their efforts, the chief brought out a box of "stuff" they saved for us. In that box was the flag my brother flew over Iraq for us. It was a moment that reminded us that no matter what our situation may be, we are blessed to live in the land of the free and home of the brave. Once again, thank you."

—Auxiliary Member, Colorado

"Thank you for the grant. It sure did come in handy as a result of losing my house due to a tornado. This has been a traumatic experience."

—Auxiliary Member, Illinois

"Thank you so much for your assistance in my family's time of need. Your help with our rent will enable us to start saving for replacing our furniture after the flood. I am so grateful for all of my Auxiliary sisters and the caring they have shown for my family." —Auxiliary Member, Alaska

"I can't tell you how much it meant to me when I opened your envelope for the grant you awarded to me and my husband. 'Thank you' doesn't seem like much to say, but THANK YOU."

—Auxiliary Member, Illinois

## RESOURCES

[www.ALAforVeterans.org](http://www.ALAforVeterans.org)

The ALA website has resource information for military servicemembers and their families, including organizations that provide community and social support, health and wellness services, career and education resources, and legal and financial aid.

[www.legion.org](http://www.legion.org) ★ (800) 504-4098

The American Legion's Family Support Network connects those in need with a Legion post that can provide assistance with grocery shopping, child care, mowing the grass, fixing the family car, and other routine household jobs.

[www.operationhomefront.net](http://www.operationhomefront.net)

Operation Homefront provides emergency financial assistance for servicemembers, their families and wounded warriors when they return home.

[www.211.org](http://www.211.org)

Website links people with resources for basic needs, physical and mental health services, jobs, etc.

[www.fema.gov](http://www.fema.gov)

FEMA website provides information for preparing, preventing, and responding to disasters.

[www.redcross.org](http://www.redcross.org)

The American Red Cross offers relief focused on meeting immediate, disaster-related needs such as food, shelter, health, and mental health services.

[www.fns.usda.gov/snap](http://www.fns.usda.gov/snap)

SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move toward self-sufficiency.

[www.acf.hhs.gov/ocs/programs/liheap](http://www.acf.hhs.gov/ocs/programs/liheap)

Find links to each state's Low-Income Home Energy Assistance Program (LIHEAP).



**American Legion Auxiliary  
National Headquarters**

**3450 Founders Road, Indianapolis, IN 46268**

**P: (317) 569-4500 | F: (317) 569-4502**

**[www.ALAforVeterans.org](http://www.ALAforVeterans.org)**

**[www.ALAFoundation.org](http://www.ALAFoundation.org)**

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Produced in USA

# American Legion Auxiliary

**Members Helping Members  
in Crisis**

# Emergency Fund



**In the Spirit of Service Not Self  
for Veterans, God and Country**

## AUXILIARY EMERGENCY FUND

The Auxiliary Emergency Fund (AEF) is a national grant assistance program that provides temporary emergency help to eligible members of the American Legion Auxiliary who have suffered a significant financial setback as the result of an act of nature or other personal crisis.

The AEF was established in 1969 with a bequest from the estate of Auxiliary member Helen Colby Small of Burlington, Wisconsin. It continues today solely through generous donations from Legion Family members.



## WHO IS ELIGIBLE?

Members of the American Legion Auxiliary whose dues are current and who have maintained membership for three consecutive years (the current year and immediate past two years) are eligible to apply in the wake of a financial crisis. Temporary assistance may be considered when:

- ★ A financial crisis hits, leaving a member without resources for shelter or utilities, and no other source of aid is readily available.
- ★ A natural disaster or weather emergency leaves a member without shelter or food.

In the case of a natural disaster, an expedited application can be found at [www.ALAForVeterans.org](http://www.ALAForVeterans.org). The completed application can be submitted directly to ALA National Headquarters.

## APPLICATION PROCESS

Members may request an application by contacting their unit or department headquarters and must submit their completed applications to an officer of the ALA unit to which the member belongs. The unit president, secretary, and investigator will complete the unit portion and forward the application to ALA National Headquarters.

Applications are reviewed by the national AEF case manager. The national AEF Grant Committee, which consists of representatives from the headquarters of the American Legion Auxiliary and The American Legion, reviews each application and awards AEF assistance according to case findings. The AEF maintains the confidentiality of all applicants. AEF applications, supporting documents, and case files are not disclosed or released to anyone outside of the AEF Grant Committee.

## ASSISTANCE INFORMATION

Emergency assistance grants may be awarded by the AEF Grant Committee on a case-by-case basis up to a maximum of \$2,400. Grant funds may be used only for shelter or utilities. AEF money may not be used for medical expenses or debt such as that on credit cards.



To ensure the integrity of the program, the national AEF Grant

Committee directs payments to a provider such as a mortgage or utility company.

Educational grant payments are directed to the educational institution.

# YOU CAN HELP



**BE KNOWLEDGEABLE** – Familiarize yourself and your unit members with the Auxiliary Emergency Fund. Knowing about this program will make the process easier should you need to help a member apply.

**BE AWARE** – Learn the application process and fund restrictions, and help members in need contact

other nonprofit agencies that might be able to assist them.

**BE GENEROUS** – When you donate to the Auxiliary Emergency

Fund, you're giving a fellow Auxiliary member not just help, but hope.

Please give online at

[www.ALAForVeterans.org](http://www.ALAForVeterans.org) or mail a check or money order, payable to American Legion Auxiliary National Headquarters, with "AEF" in the memo line. Mail to:

American Legion Auxiliary  
National Headquarters  
ATTN: Development Division  
3450 Founders Road  
Indianapolis, IN 46268

