

ARMY EMERGENCY RELIEF—SURVIVOR MONTHLY SUBSISTENCE PROGRAM

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

The Army Emergency Relief – Survivor Monthly Subsistence Program provides a stipend to support those eligible Survivors with inadequate income the ability to meet their basic essential needs (i.e. rent, food, utilities). AER provides assistance under this program after the applicant exhausts all other community, personal, family, and government resources. Assistance under this program can be considered for up to 12-months and must be re-certified annually (in-person). Failure to re-certify, provide updated documents, or meet in person with a representative will result in termination of the program.

A. INSTRUCTIONS:

1. Print clearly or type the form and ensure all blocks are complete.
2. Survivor must physically sign the form as we do not accept electronic or computer generated signatures.
3. Survivor must appear in person (or home visit scheduled) for both initial enrollment and annual recertification.

B. REQUIRED DOCUMENTS:

- _____ AER Form 760 pages 1 thru 4, all blocks complete (to include this checklist)
- _____ AER Budget Sheet (Form 57R or locally produced budget sheet)
- _____ AER Form 575 (EFT Form) (mandatory)
- _____ Lease or mortgage statement
- _____ Document(s) validating each source of income
- _____ Application for those benefits/programs applied for but not yet in receipt
- _____ Medical statement (if applicable)
- _____ Tax Return (most recent) (if applicable)
- _____ Documents validating garnishments (if applicable)
- _____ Other supporting documents that validate circumstances

Additional documents may be required after review based on circumstances and information provided.

C. SUBMITTING THE APPLICATION:

1. **DO NOT SUBMIT DOCUMENTS VIA EMAIL.** AER cannot ensure the security nor accept liability for items containing Personally Identifiable Information (PII).
2. For AER Officers:
 - a. Create/review and update the Summary Tab for the Deceased Soldier and/or Survivor as necessary in ARMS. Establish a relationship on the Personal Details Tab.
 - b. Create an Internal Service Request in ARMS under "Survivor Subsistence Application Request (New/Recertification. Timeline Notes will include all SSP required documentations.
3. For Other Military Aid Societies: Send an email to assistance@aerhq.org to request a secure document upload link.

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THIS IS A:

NEW ENROLLMENT

RECERTIFICATION

DECEASED SOLDIER'S INFORMATION:

1. Name (<i>Last, First, MI</i>)		2. DOB	3. DOD ID# or SSN
4. Date Deceased	5. Component RA AR NG	6. Duty Status at Time of Death ACTIVE RETIRED	

SURVIVING DEPENDENT INFORMATION

7. Name (<i>Last, First, MI</i>)		8. DOB	9. DOD ID# and Expiration Date				
10. CURRENT ADDRESS:							
House # and Street							
City	State	Zip Code	Country (if outside US)				
11. Phone		12. Email Address					
13. Relationship to Deceased Soldier SPOUSE CHILD PARENT			14. Date of Marriage (Spouse)				
15. Is the applicant a Veteran? Explain							
16. Others residing in the home: YES (List Below) NO							
<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>ID Card holder</i>	<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>ID Card Holder</i>
			Yes No				Yes No
			Yes No				Yes No
17. Is the applicant?							
RENTING		PAYING MORTGAGE		OWNS HOME (NO MORTGAGE)			
ASSISTED LIVING		LIVING WITH FAMILY		OTHER: _____			
18. Is the applicant employed?							
YES		NO		FULL TIME PART TIME			
19. Reason not employed if still working age?							
20. Is the applicant enrolled in college?							
YES		NO		FULL TIME PART TIME			
21. Are there relatives with whom the applicant can live with or who can assist with financial obligations?							

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22. Status of benefits, entitlements and government program usage:

	ELIGIBLE?		APPLIED?		RECEIVING?		AMOUNT
	YES	NO	YES	NO	YES	NO	
Survivor Benefit Plan (SBP)?							
Dependent Indemnity Compensation (DIC)?							
Special Survivor Indemnity Allowance (SSIA)?							
Social Security?							
Special Monthly Compensation (SMC)?							
Supplemental Nutrition Assistance Program (SNAP)?							
Low-Income Energy Assistance Program (LEAP)?							
Supplemental Security Income (SSI)?							
GI Bill or Fry Scholarship?							
VA Disability (if Survivor is also a Veteran)?							

23. List other community resources that the applicant has access to or can reach out to for assistance?

24. Did the applicant receive death gratuity? Yes No Amount

What was the disposition of those funds?

25. Did the applicant receive SGLI or VSGLI benefit? Yes No Amount

What was the disposition of those funds?

26. Does the applicant have health insurance? Explain

27. Does the applicant have dental insurance? Explain

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28. Budget Information:	Total Monthly Income	Total Monthly Expenditures	Balance (+ or -)
29. Enter the current Federal Poverty Level dollar amount <i>www.aspe.hhs.gov/poverty-guidelines</i>			\$
30. Describe the circumstances that warrant consideration for enrollment/continuation in the SMSP.			
31. Mitigating strategies to improve financial situation going forward?			
32a. Survivor's Certification: I hereby authorize the Department of the Army to supply any requested information contained in my official Army personnel and pay files in connection with this assistance. I further authorize the Department of the Army, or any U.S. Government agency, to supply my latest home address, and/or official military address to AER whenever requested. I further understand that AER is an independent private entity, not part of the U. S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, will be provided by AER to the Army and/or other U.S. Government agencies in order to determine eligibility for and administration of financial assistance. I certify the information provided on this application is complete, true and correct.			
32b. Signature		32c. Date	
AER Officer or Aid Society Case Worker Recommendation			
33a. Recommended amount of monthly stipend?	\$	33b. #of Months(not to exceed 12)	
33c. Justification:			
33d. Printed Name	33e. Signature	33f. Date	
33g. Email address		33h. Section	