



**Family & Friends For Freedom Fund, Inc.
Application for Financial Assistance**

Name: _____ **Birthdate:** _____

Case Manager's name and contact # _____

Branch of Service _____ **Rank** _____ **SS#** _____ **Base** _____

Home Address _____
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City _____ **State** _____ **Zip** _____

Telephone _____ **Cell** _____

Email _____

Hospital Location: **Bethesda** **Walter Reed** **Camp Lejeune** **Camp Pendleton**

Other _____

Location of engagement (city,country):

Circumstances of combat injury:

Extent of injuries (describe):

Status of recovery/rehabilitation:

What percentage of disability from active service, if known? _____

What percentage of disability from the VA, if known _____

Description of the type of assistance needed _____

Military point of contact for verification:

Name _____ Position/Title _____

Phone # _____

Application information (if other than the service member)

Name _____ SSN: _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Relationship to member _____

Signature of applicant

Date

I certify the above information to be true. I authorize verification/release of the information that I am providing on this application. In accordance with applicable laws, Family & Friends For Freedom will maintain confidentiality regarding the application and any support granted or denied, except as required to process this or subsequent applications, or as otherwise required by law.

**Submit request to: Family & Friends For Freedom Fund, Inc.
40 Woodland Place
Pompton Plains, NJ 07444
973-897-2237 phone/ 973-835-3589 fax**