

ARMY EMERGENCY RELIEF (AER) WIDOW QUESTIONNAIRE

PRINT OR TYPE INFORMATION

1. Applicant's Name: _____ Date of Birth: _____ SSAN: _____
(Last, First, MI)

Address: _____ Zip Code: _____

Identification Card Expiration Date: _____

2. Deceased Soldier's Name: _____ Grade: _____ SSAN: _____
(Last, First, MI)

Date of Death: _____ Active or Retired at Time of Death: _____

3. Date of Marriage: _____

Information for Each Living Dependent Child

	<u>Name</u>	<u>Date of Birth</u>	<u>ID Card Expiration Date</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

4. Were you married before? _____; if yes, number of children from prior marriage _____; Number now dependent on you _____; prior marriage ended by: Divorce(), Annulment(), Death() on (Date _____)

5. Was deceased soldier married before? _____; Soldier's prior marriage ended by Divorce (), Annulment (), Death () on Date _____

6. Income and Supplemental Benefits:

a. Did you or will you receive 6 months death gratuity pay? _____; Amount _____ date received or expected _____

b. Did you or will you receive government insurance? _____; Amount _____ date receive or expected _____

c. Did deceased soldier have civilian insurance? _____; Amount _____ date receive or expected _____

d. Are you receiving or have you applied for VA pension or DIC? _____ Amount being received _____; Amount expected _____

e. Are you receiving or have you applied for Social Security? _____; Amount _____

f. Are you receiving or do you expect Supplemental Security Income (SSI)? _____; Amount _____

- g. Are you receiving or do you expect payment from Retired Serviceman's Family Protection Plan (RSFPP) or f from Survivor Benefit Plan (SBP)? _____; Amount _____
- h. Are your children receiving Social Security? _____; Amount _____
- i. Are you employed? _____; Type of employment _____
monthly earnings _____
- j. If not working, do you expect to work? _____; When? _____;
if not, why not? _____; if medically precluded, attached medical statement.
7. Do you own your home? _____; Purchase date _____; Cost _____
amount of monthly mortgage payment _____; balance remaining on mortgage _____
8. Do you use Military Medical Facilities? _____; where? _____
- a. If under 65, are you using the TRICARE? _____
- b. If over 65, have you applied for Medicare? _____
9. Have you received prior financial assistance from Army Emergency Relief? _____;
American Red Cross? _____; any other agencies? _____
(list names) _____
10. Are there relatives with whom you can live or who can assist you? _____;
give names and addresses _____

I am aware and acknowledge that confidential information required herein is essential for proper evaluation and provision of further assistance and is provided voluntarily. I authorize Headquarters, Army Emergency Relief to use as needed and to request from any other agency, any information relating to benefits to which I may be entitled.

(Signature of Applicant)

(Date)

Name and address of person completing this form if other than the applicant:

