

Please contact a Family Assistance Center Specialist nearest you  
for assistance and/or to turn in your application:

Stella Druml

2405 Logistics Rd, Jefferson City, MO 65101,  
W: 573-638-9688, C: 573-777-0972  
[stella.m.druml.ctr@mail.mil](mailto:stella.m.druml.ctr@mail.mil)

Danny Higgins

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Vicki Martin

1616 S. Missouri St., Macon, MO 63552  
W: 660-385-1167 x13716, C: 660-351-5659  
no email as of today (new employee)

Julie Lannan

2001 Clarendon Rd, Sedalia MO 65301  
W: 816-559-4100 x34196, C: 660-351-5877  
[julie.d.lannan.ctr@mail.mil](mailto:julie.d.lannan.ctr@mail.mil)

Sara Williamson

801 Armory Dr., Jefferson City, MO 65109  
W: 573-659-1600 x31626, C: 573-489-7463  
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Matt Gonzalez

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Tammy Latimer

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W: 417-868-6024 x36024, C: 417-425-3452  
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Matt Jenkins

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[matthew.n.jenkins.ctr@mail.mil](mailto:matthew.n.jenkins.ctr@mail.mil)

Please forward any questions or concerns to Kay Calton, State Family Program Director,  
at 573-638-9891 or [kay.calton.civ@mail.mil](mailto:kay.calton.civ@mail.mil).

**Missouri Military Family Relief Fund (MMFRF)**

**Application for Financial Assistance**

\_\_\_\_\_  
Applicant Tracking #

**MILITARY MEMBER'S INFORMATION**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SSN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PERSONAL EMAIL ADDRESS: \_\_\_\_\_ WORK EMAIL: \_\_\_\_\_

NUMBER OF DEPENDENTS: (excluding military member) AGES AND GENDER, RESIDING IN HOME (I.E. 3MO F, 6 YO F, 17 YO M)

\_\_\_\_\_  
DUTY STATION NAME AND LOCATION: \_\_\_\_\_ BRANCH: \_\_\_\_\_ RANK \_\_\_\_\_

**APPLICANT'S INFORMATION (Family Member or Power of Attorney if other than Military Member)**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SSN: \_\_\_\_\_

RELATIONSHIP TO MILITARY MEMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ POWER OF ATTORNEY: YES / NO (Please provide copy)

**MILITARY POINT OF CONTACT:**

NAME: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_  
Applicant Tracking #

**APPLICATION REQUEST AMOUNT: \$** \_\_\_\_\_

**Grant Limit: \$3,000**

**HAVE YOU APPLIED FOR THE MMFRF BEFORE? YES / NO**    If YES, date \_\_\_\_\_

**REASON FOR FINANCIAL HARDSHIP, IF ADDITIONAL SPACE IS NEEDED, CONTINUE ON SEPARATE SHEET:**

**AUTHORIZATION TO RELEASE INFORMATION**

\_\_\_\_\_  
Applicant Tracking #

I, \_\_\_\_\_ (Print Name), hereby authorize and consent to the release/verification of financial and military information from any entity to the Missouri Military Family Relief Fund and its agents for its use in connection with my request for financial assistance.

I understand this consent and release for information is voluntary and that all information obtained will be used only for determining eligibility for, and administration of, financial assistance. I also understand failure to provide this consent and release may result in disapproval of my application for assistance.

**INFORMATION CERTIFICATION/APPLICANT UNDERSTANDING**

*Initials:*

\_\_\_\_\_ I certify the information in this application to be true and correct.

\_\_\_\_\_ I further certify that the grant funds provided will be used for the purpose described in this application.

\_\_\_\_\_ I hereby understand that my submission of this application does not guarantee grant approval.

\_\_\_\_\_ I further understand that it is my responsibility to maintain my financial obligations prior to and after the disposition of this application is complete.

\_\_\_\_\_ I understand that I must provide proof of how the funds provided to me were executed within sixty (60) days after receiving the grant, to the MMFRF Coordinator. (i.e. receipts, bill balances, etc.).

\_\_\_\_\_ I further understand that failure to submit this required documentation and/or failure to use the funds for the purpose of this application will disqualify me from future support with this fund.

\*Ensure that you complete and return the State of Missouri Vendor Input form. Your application, if approved, cannot be processed for payment without this form. Complete only the blocks indicated on the sample form.

The below items must be submitted with the completed application for approval consideration. Application will be automatically denied if any of the below items are missing:

\_\_\_\_\_ Military Leave and Earning Statement (LES)

\_\_\_\_\_ Monthly Civilian Pay Stub, if applicable

\_\_\_\_\_ Spouse's Monthly Pay Stub, if applicable

\_\_\_\_\_ Proof of expense and bills

\_\_\_\_\_ Vendor Input Form

**SIGNATURE OF APPLICATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PAPER CHECK**

Applicant Tracking #



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
VENDOR INPUT/ACH-EFT APPLICATION

**\*REQUIRED FIELDS**

*NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN		*FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER	
		*TYPE OF ENTITY <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> State Employee <input type="checkbox"/> Other _____	
		DATE OF CHANGE .	
REMIT TO NAME/ADDRESS IF DIFFERENT THAN ABOVE		PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER	
		PREVIOUS NAME	
		PREVIOUS ADDRESS	
		COMMENTS	
PURCHASE ORDER NAME/ADDRESS IF DIFFERENT THAN ABOVE			
		<input type="checkbox"/> I (We) hereby authorize the State of Missouri, to initiate credit entries to my (our) account at the depository financial institution named and to credit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.  This authorization is to remain in full force and effect until the State of Missouri, Office of Administration, has received written notification from me (us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.	
<b>TO BE COMPLETED BY FINANCIAL INSTITUTION</b>		*VENDOR SIGNATURE	
NAME/ADDRESS OF FINANCIAL INSTITUTION		<b>X</b>	
DEPOSITOR ROUTING NUMBER		*PRINT NAME	
DEPOSITOR ACCOUNT NUMBER		*TITLE	
NAME ON ACCOUNT		EMAIL ADDRESS	
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		*TELEPHONE	
SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION		*DATE	
PRINT NAME			
TITLE			
TELEPHONE NUMBER			
DATE			
<b>CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)</b> Under penalties of perjury, I certify that: I. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and II. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and III. I am a U.S. person (including a U.S. resident alien). <b>Certification instructions.</b> You must cross out item II above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For all real estate transactions, item II does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See W-9 Instructions on irs.gov website for more information.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.		<input type="checkbox"/> Exempt from Backup Withholding	
SIGNATURE			