



DEPARTMENTS OF THE ARMY AND AIR FORCE  
JOINT FORCE HEADQUARTERS WISCONSIN  
WISCONSIN NATIONAL GUARD  
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WIJS-J1-SMSD

11 October 2017

MEMORANDUM for Commanders, Wisconsin National Guard and Commanders of Units with Active, Guard, and Reserve Service Members and Family Members Residing in Wisconsin

SUBJECT: Wisconsin Military Family Financial Aid Fund

1. References:

Wisconsin Statute, Chapter 321, Section 321.45  
Wisconsin Administrative Code § DMA 1

2. Purpose. To establish policies and procedures for the Wisconsin Military Family Financial Aid (MFFA) fund for service members and their immediate (dependent) family members that are residents of Wisconsin. Service member includes active duty, reservists, and members of the National Guard who are residents of the state. Immediate family is limited to spouse and dependent children.

3. Background. The MFFA fund was established to provide emergency, financial assistance to military families living in the state of Wisconsin and is codified in Wisconsin Statute, Chapter 321, Section 321.45. MFFA distributions are fully supported by taxpayer donations and are grants to eligible military families. Oversight of the State program falls under the jurisdiction of the Adjutant General, Wisconsin National Guard. However, the program serves all branches of the Armed Forces including the National Guard and Reserve. The Adjutant General selected a MFFA Committee to review, approve, and process MFFA applications in 2011.

3. Military Family Financial Aid:

a. Service members and military families who meet the eligibility requirements outlined in the references listed above may apply for financial relief for unexpected financial emergencies.

b. Aid will generally be considered for financial emergencies greater than \$100 and not more than \$2,500 in one, twelve month period. The Adjutant General of the Wisconsin National Guard may grant exceptions to this policy for situations of extreme hardship.

4. Eligibility and Examples of Financial Hardship:

a. Applicants applying for relief from the MFFA shall demonstrate financial hardship and hardship using enclosures 1 through 3.

b. A financial hardship that will be covered by insurance payment or reimbursement from other sources (i.e., military pay) will not normally be considered as an unexpected financial need.

c. Medical and dental emergencies that are urgent and could potentially lead to the loss of life or a limb will be considered as a qualifying financial hardship for military families that are underinsured or uninsured.

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d. Unexpected car expenses are eligible hardships under the MFFA guidelines. Authorized expenses include repairs to place vehicle in safe operating condition, insurance premiums, car payments, or other emergency repairs.

e. Travel expenses related to injury or illness of an immediate family member for whom the applicant is financially liable will be considered.

f. Financial hardship relief may also be requested to cover basic household expenses to include rent, mortgage payments, utilities, or repair or replacement for a major appliance.

g. Miscellaneous expenses may also be considered by the MFFA committee. Examples include TRICARE premiums, groceries, mold abatement, and other similar expenses.

6. Financial Hardships Not Covered Under MFFA Guidelines:

a. Business ventures and business losses.

b. Funeral expenses that will be reimbursed by other sources.

c. Gambling losses.

d. Expenses related to marriage or divorce.

e. Civilian court expenses or expenses related to liens, judgments, bail, or legal fees.

f. Rental, lease, or purchase of a new or used vehicle.

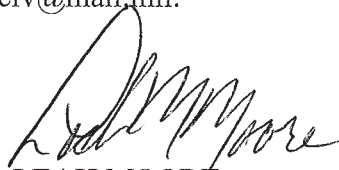
g. Goods or items of convenience and luxury.

h. Liquidation or debt consolidation.

7. Application and approval. The Department of Military Affairs will determine eligibility and approval status. As a general rule, checks will be issued by the State of Wisconsin and made payable to the creditor and not the applicant. Applications may be requested by contacting the Wisconsin National Guard Service Member Support Division at 1-800-292-9464 option 3 or by visiting [www.wisconsinmilitary.org](http://www.wisconsinmilitary.org).

8. The Service Member Support Division Family Assistance Team will provide information and resources to applicants on the MFFA process. Once the MFFA application has been completed, the application will be routed to the Department of Military Affairs for processing. Applicants will be notified of approval or denial status.

9. Point of Contact: For additional information contact, Lisa Kluetz, State Family Program Director at (608) 242-3470 or email at [lisa.r.kluetz.civ@mail.mil](mailto:lisa.r.kluetz.civ@mail.mil).



LEAH MOORE

COL, MS, WIARNG

Chief, Service Member Support Division

Enclosures:

(1) Checklist

(2) Application

(3) Financial Worksheet

## Checklist for Applicant

MFFA applications are submitted to the Department of Military Affairs through the Service Member Support Division Family Assistance Team. Family assistance can provide information, guidance, and support during the application process. To obtain information on the MFFA program or obtain an application, call 1-800-292-9464, option 3.

Forms may also be downloaded on the Service Member Support Division website, [www.wisconsinmilitary.org/mffa/](http://www.wisconsinmilitary.org/mffa/)

The checklist items are used to document a financial need and verify eligibility.

1. Name of applicant(s): \_\_\_\_\_
2. Service Component and unit: \_\_\_\_\_
3. Unit Commander's name : \_\_\_\_\_
4. Unit Commander's contact information: \_\_\_\_\_
5. Total amount of financial relief requested: \_\_\_\_\_

### Eligibility Checklist

1. Proof of residency (lease, mortgage, driver's license) \_\_\_\_\_
2. Current Leave and Earning Statement (LES) \_\_\_\_\_
3. Document dependency status (DEERS Enrollment/DD 93, DD 1172) \_\_\_\_\_

### Financial Hardship Checklist (Include income and expenses on financial worksheet)

1. Household income (civilian pay slips for service member, spouse) \_\_\_\_\_
2. Proof of household expenses (housing, utilities, and insurance) \_\_\_\_\_
3. Vehicle expenses (car payments and insurance premium) \_\_\_\_\_
4. Loans (consumer loans, recreational vehicles, student loans, etc.) \_\_\_\_\_
5. Miscellaneous expenses (estimate food and transportation costs) \_\_\_\_\_
6. Other (List and identify – child care, tuition, alimony, school books, etc.) \_\_\_\_\_

Enclosure (1)

|   |   |  |                                |
|---|---|--|--------------------------------|
| <b>APPLICATION FOR MILITARY FAMILY FINANCIAL AID</b>  |   | Reference No. <i>(MFFA Use Only)</i>         | Date Received <i>(MFFA)</i>    |
| <b>1. Applicant Information</b>   |   |  |                                |
| a. Name <i>(Last, First, Middle)</i> :  |   | b. Address <i>(Street, City, Zip Code)</i> : |                                |
| c. Phone Number <i>(Include Area Code)</i> :  |   | d. Relationship to Service Member:           | e. Household Income:           |
| <b>2. Service Member Information</b>  |   |  |                                |
| a. Name <i>(Last, First Middle)</i> :   |   | b. Last four SSN or DOD #:                   | c. Grade:                      |
| d. Branch of Service <i>(Check One)</i> :    USCG: <input type="checkbox"/> USN: <input type="checkbox"/> USA: <input type="checkbox"/> USAF: <input type="checkbox"/> USMC: <input type="checkbox"/>               |   |  |                                |
| e. Status of Service Member:<br>Technician: <input type="checkbox"/> Reserve: <input type="checkbox"/> National Guard: <input type="checkbox"/> AGR: <input type="checkbox"/> Active Duty: <input type="checkbox"/> |   |  |                                |
| f. ETS Date:  | g. Unit <i>(Include address and phone number)</i> : |  |                                |
| 3. Is Bankruptcy Filed or Pending: <input type="checkbox"/> No <input type="checkbox"/> Yes Chapter:  |   |  |                                |
| <b>4. Individuals For Whom This Application Applies <i>(Adults and minors)</i>:</b>   |   |  |                                |
| NAME  |   | AGE  | RELATIONSHIP TO SERVICE MEMBER |
|   |   |  |                                |
|   |   |  |                                |
|   |   |  |                                |
| 5. Reason Why Assistance Is Needed <i>(Be complete and Specific. If more space is needed, attach separate sheet.) Also Attach Cost Estimates.</i>   |   |  |                                |
| 6. Amount of Prior Hardship Award:  |   | 7. Source of Prior Hardship Award:           |                                |
| <b>8. List Your Specific Emergency Financial Needs:</b>   |   |  |                                |
|   |   |  |                                |
|   |   |  |                                |
|   |   |  |                                |
| <b>Total Need:</b>  |   |  |                                |
| <b>9. Indebtedness <i>(Continue on Separate Sheet if Needed)</i>:</b>   |   |  |                                |
| a. Creditor(s)  | b. Date Incurred                                    | c. Original Amount                           | d. Monthly Payment             |
|   |   |  |                                |
|   |   |  |                                |
|   |   |  |                                |
|   |   |  |                                |
| <b>10. Applicant's Certification</b>  |   |  |                                |
| I certify the information provided on this application is complete, true and correct.   |   |  |                                |
| a. Signature of Applicant:  |   | b. Date:                                     |                                |

# FINANCIAL WORKSHEET

| HOUSEHOLD INCOME              |  | EXPENSES                   |  |
|-------------------------------|--|----------------------------|--|
| SM Gross Monthly Income       |  | Rent/Mortgage              |  |
| Spouse Gross Monthly Income   |  | Electric                   |  |
| VA Benefits                   |  | Gas                        |  |
| LES (Leave Earning Statement) |  | Sewer & Water              |  |
| Housing-BAH                   |  | Cable                      |  |
| Food Subsistence-BAS          |  | Internet                   |  |
| Hazardous Duty Pay            |  | Phone 1                    |  |
| Separation Pay                |  | Phone 2                    |  |
| Unemployment                  |  | Home or Rental Insurance   |  |
| Child Support Received        |  | Auto/Motor Cycle Insurance |  |
| SSI/SSDI                      |  | Health Insurance           |  |
| W2 Benefits                   |  | Life Insurance             |  |
| Food Stamps                   |  | Food                       |  |
| Other                         |  | Gas                        |  |
| <b>TOTAL INCOME</b>           |  | Recreation Vehicle         |  |
|                               |  | est. for repairs auto/home |  |
|                               |  | Household Items            |  |
|                               |  | Child Care                 |  |
|                               |  | Child Support Paid         |  |
|                               |  | Credit Cards               |  |
|                               |  | Auto Loan                  |  |
|                               |  | Student Loans              |  |
|                               |  | Savings                    |  |
|                               |  | Other                      |  |
|                               |  | Other                      |  |
|                               |  | Other                      |  |
|                               |  | Other                      |  |
|                               |  | <b>Total Expenses</b>      |  |

**Provide supporting documents for all but Food and Household Items**