

Copy of completed schedule to be forwarded to Military Families Fund.

SCHEDULE "A"

PROTECTED "B" PERSONAL INFORMATION WHEN COMPLETED

**BASE/WING COMMANDER BENEFICIARY CHECKLIST &
RECOMMENDATION FORM**

Name of Beneficiary: _____
Address of Beneficiary: _____
Telephone Number: _____ Component: _____
Name of CF Member: _____ Service Number: _____
Relationship with CF Member: _____
Type of Assistance: Grant
Amount of Assistance Requested: _____
Is the need urgent: Yes No
Is assistance available from other sources (eg.CFPAF or Public Funds): Yes No
Is the Beneficiary able to reimburse the MFF: Yes No
Is assistance requested as a result of injury, disability or death of CF Member: Yes No
If Yes, was injury, disability or death a result of duty: Yes No
Is there a requirement for other support or counseling? Yes No
Has the file been reviewed by the Financial Counselor? Yes No
Is there a link to conditions of service? Yes No
Explain reason for request for assistance:

Funds to pay for: _____

BMO Card Number (s) if issued _____

Recommended/Approved Yes No

BASE/WING COMMANDER

DATED AT THIS DAY OF 20__.

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SCHEDULE "B"

PROTECTED "B" PERSONAL INFORMATION WHEN COMPLETED

VERIFICATION AND CONSENT FORM

I _____ of the _____ of _____ in the Province of _____ HEREBY VERIFY that all of the information I have provided with respect to my request for financial assistance from the Military Families Fund, is true.

This will also confirm that I am aware that the information being collected from me for this application will be used and disclosed by the Chain of Command/MFF authorized personnel for the purposes of assessing my request and for all other purposes associated with the administration of the Military Families Fund and that no other use or disclosure of this information will occur without my consent, other than pursuant to the provisions of the *Access to Information Act* and the *Privacy Act*.

BENEFICIARY

DATED AT THIS DAY OF , 20__.

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SCHEDULE "C"

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MEDIA RELEASE FORM

I understand that the Military Families Fund receives requests from the news media for stories of families or interviews with families that the Military Families Fund has assisted. I am willing to consider having my story used or participating in an interview provided that: I am contacted in advance by a representative of the Military Families Fund and agree to releasing my story or participating in an interview.

BENEFICIARY

DATED AT THIS DAY OF , 20__.