



## Army Emergency Relief

Bldg 2494 Ricker Road

Fort Bliss, TX 79916

Phone: (915) 569-4227, option 1

Fax: (915) 568-8252

### Hours of Operations:

0730-1115

Lunch from 1115-1230

Re-Open 1230-1530

Extended hours for Emergency Travel only until 1630

**Call AMERICAN RED CROSS at 1-877-272-7337**

**Nights & Weekend Assistance for Emergency Travel**

**Applicant must bring all appropriate documentation needed for assistance. Lack of required documentation may result in a request being denied.**

Please bring the following and see reverse for additional documentation required.

\_\_\_ Latest End of Month Leave and Earnings Statement (LES).

\_\_\_ Completed AER Form 700 with appropriate signature.

\_\_\_ Completed Budget Sheet.

\_\_\_ Military ID card for Soldier (and family members if applicable).

\_\_\_ Applicants on Emergency Leave with a DA form 31 and a control number will receive same day service. All other requests will be processed the next business day.

\_\_\_ No check pick-up or packet drop-off after 1530 hours. All actions will have to wait until the next business day.

**NOTE to 1SG and CDR:** After reviewing packet with your Soldier, ensure you have completed blocks 10 a-f on AER 600. Authorized assists are provided on the next page. 1SG/CDR approving authority is for \$1500 only. **Only immediate First Sergeant, Company Commander, acting 1SG with Assumption of Responsibility Orders or acting Commander with Assumption of Command Orders may sign and recommend approval. (Orders Required.)**

AER – A Soldier's First Choice!



Fort Bliss Financial Readiness Program

**RENT:**

\_\_\_ **Initial Rent & Deposit:** Lease, rental agreement or official written statement of cost to move into apartment or home.

\_\_\_ **Late Rent** - Written statement from apartment complex, real estate company or notarized letter from homeowner to include landlord’s name, date, telephone number and total amount to pay.

\_\_\_ **Lodging** - Statement or receipt from lodging (AER will assist with 7-10days)

**EMERGENCY TRAVEL:**

\_\_\_ Completed DA Form 31with **Control Number**, required signatures placing SM on “**Emergency Leave**” or “**Ordinary Leave Under Other Situations**”. With the phrase “That approval for Ordinary Leave is in accordance with parameters of Para 6-1(f), AR 600-8-10” in the remarks section of DA Form 31, then assistance is Authorized (No Pass or Ordinary Leave)

\_\_\_ Air – Flight itinerary/Airline conf. #

OR

\_\_\_ POV – Total trip miles (.30 per mile)

OR

\_\_\_ Bus – Total trip cost

\_\_\_ ARC message or case number

\_\_\_ Rental car quote.

**ESSENTIAL POV**

(Vehicle Insurance and Registration must be in SM or Spouse’s name)

\*Current Registration, Insurance, and Driver’s License **required** for all POV assistance.

\_\_\_ Routine Maintenance

\_\_\_ POV payment

\_\_\_ Insurance Bill

\_\_\_ Insurance Deductible (one- time assist)

\_\_\_ Fuel assistance.

\_\_\_ Essential Repairs: Itemized estimate for needed repairs from an established facility.

\_\_\_ Rental car quote. (When sole POV is being repaired)

**REPLACEMENT VEHICLE**

\_\_\_ Itemized estimate for needed repair

\_\_\_ Kelly Blue Book or NADA

\_\_\_ Contract with defined cost of the vehicle

**UTILITIES:**

\_\_\_ Electric, Water and/or Gas Bill,

\_\_\_ Phone/Cell Phone Bill (Not both)

\_\_\_ Internet

**FOOD ASSISTANCE:**

\_\_\_ Based off of USDA standards

**ESSENTIAL FURNITURE**

\_\_\_ Itemized statement of cost of furniture

**MEDICAL/DENTAL EXPENSES:**

\_\_\_ Actual bill or payment statement and/or payment plan that Tri-Care or MetLife does not cover. In some cases emergency statement from doctor may be required.

**FUNERAL EXPENSES:**

\_\_\_ Bill/written statement from funeral home (Include Company name & phone number)

**TRAVEL FUNDS FOR RELOCATION:**

\_\_\_ Soldiers who file for advanced pay and have not received their requested PCS travel entitlements, **prior to departing**, may request assistance to PCS destination.

**MINOR HOME REPAIRS:**

(HVAC, Water Heater, Exterior Water Line, Interior Plumbing, Interior Gas Line, Electrical Wiring):

\_\_\_ Written estimate from a licensed and certified professional of repairs or replacement cost.

**PURCHASE OR REPAIR OF BASIC ESSENTIAL APPLIANCES:**

(Refrigerator, Stove, Washer, Dryer)

\_\_\_ Printed appliance quote.

\_\_\_ Written estimate from a licensed and certified professional of repairs.

**CHILD CAR SEATS:**

\_\_\_ Estimate of child car seat.

**CRANIAL HELMETS:**

Based upon individual situation & needs.

\_\_\_ Estimate for Cranial helmets.







# Army Emergency Relief (AER) Budget Sheet

For use of this form see the AER Section Reference Manual

<b>Name:</b>	<b>AER Client ID:</b>
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Complete blocks 1 through 8 ensuring block 8 reflects a balance.

1	BASE MONTHLY ENTITLEMENTS	AMOUNT	2	FIXED MONTHLY EXPENDITURES	AMOUNT
a	Military/Retired Pay		a	Food	
b	BAS		b	Rent/Mortgage	
c	BAH		c	Utilities (Electricity/Water/Sewer/Gas)	
d	Special Duty Pay		d	Phone/Internet/Cable	
e	Spouse Income		e	Cell Phone	
f	Survivor Income		f	Other	
g	Other		g	Other	
h	Other		h	Other	
i	Other		i	Other	
j	Other		j	Other	
k	Other		k	Other	
l	Other		l	Total Indebtedness from block 3f	
<b>1l</b>	<b>TOTAL MONTHLY ENTITLEMENTS (block 5)</b>	<b>\$0.00</b>	<b>2l</b>	<b>TOTAL MONTHLY EXPENDITURES (block 6)</b>	<b>\$0.00</b>

3 INDEBTEDNESS (Transfer amount monthly payments from block 3f to block 1l)								
	CREDITOR	DATE INCURRED	ORIGINAL AMOUNT	PURPOSE	MONTHLY AMOUNT	DATE LAST PYMT	BALANCE DUE	DATE VERIFIED
a								
b								
c								
d								
e								
<b>3f</b>	<b>TOTAL MONTHLY PAYMENTS</b>				<b>\$0.00</b>	<b>TOTAL DUE</b>	<b>\$0.00</b>	

4 DEDUCTIONS (INCLUDED IN GROSS ENTITLEMENTS)					
	ITEM	AMOUNT		ITEM	AMOUNT
a	Federal Income Tax		g	TSP	
b	Social Security (FICA)		h	Other	
c	Medicare		i	Other Allotment 1	
d	State Income Tax		j	Other Allotment 2	
e	Insurance (SGLI/TSGLI/FSGLI)		k	Other Allotment 3	
f	Dental Plan		l	Other Allotment 4	
<b>4m</b>	<b>TOTAL DEDUCTIONS</b>				<b>\$0.00</b>
<b>5</b>	<b>TOTAL MONTHLY ENTITLEMENTS (amount from Box 1l)</b>				<b>\$0.00</b>
<b>6</b>	<b>TOTAL MONTHLY EXPENDITURES (amount from Box 2l)</b>				<b>\$0.00</b>
<b>7</b>	<b>TOTAL DEDUCTIONS (amount from Box 4m)</b>				<b>\$0.00</b>
<b>8</b>	<b>BALANCE: + OR (-)</b>				<b>\$0.00</b>

**NOTE:** A Soldier's monthly surplus does not automatically dictate rendering a decision to provide a loan. Full or Partial grants should be considered in every case.