



Civil Air Patrol CAP CARES APPLICATION

Last Name, First Name, Middle Initial

CAP ID

Charter Number

Home Phone

Work or Cell

Email

Street Address (where you can receive mail)

City

State

Zip Code

Description of Need (Losses/Damages/Situation/Repair Estimates not covered by insurance - attach pages as necessary)

Amount of expenses not covered by insurance (dollar amount)

If this is housing relief, do you certify that this is your primary residence?

List all other assistance requested and/or received for this need. List amount requested, organization name, and if the funds were approved or denied.

Total Amount Requested from CAP Cares

I certify that any funds received will be used expressly for the purpose indicated above. Upon request, I will provide receipts to substantiate the use of funds for the purpose indicated on the application. I certify that I do not have insurance available to cover the loss or need requested.

Applicant Signature

Date

Squadron Commander's Full Name <i>(please print)</i>	Concur	Do not concur

Squadron Commander Signature		Date
_____		_____
Remarks		

Wing Commander's Full Name <i>(please print)</i>	Concur	Do Not Concur

Wing Commander Signature		Date
_____		_____
Remarks		

Committee's Decision Approved Declined Award Amount _____

Remarks

Date received by NHQ/EXA _____ Date sent to NHQ/FM _____

Date check mailed to recipient _____

CAP Cares Assistance Request Guidelines

Application Process

Current CAP members who want to request monetary assistance from CAP Cares should complete the CAP Cares Request Application. An online application is not available at this time.

Upon completion of the form, the applicant's squadron commander (or immediate commander if group, wing or region) will validate the application and send to the Wing Commander (or next higher commander) for approval. E-mail approvals are accepted for signatures on the form.

Once approved by both the immediate commander and the Wing (or Region) commander, forward the application and any attachments to Marie Vogt at CAP National Headquarters by email: mvogt@capnhq.gov ; fax: 334-953-4262; or by mail: 105 S. Hansell St. Maxwell AFB, AL 36112

Once received at CAP NHQ, the application and any supporting documents will be reviewed by the CAP Cares committee for final approval on both granting the funds and the amount of funds provided. A majority of the committee must approve the request. The committee members include: the National Vice Commander, the National Chief of Chaplains, and the Executive Director or Assistant Executive Director.

If the application is approved by the committee, the application is submitted to Finance at CAP NHQ for final processing. The CAP member will be notified and a check will be mailed to the address listed on the application.

If the application is not approved by any commander in the chain of command, the application will not be reviewed by the CAP Cares committee. Support from the commanders helps to validate the member's need and confirm that the applicant is a member in good standing.

If the application is declined by the CAP Cares committee for any reason, no appeals may be made. However, after 30 days members who have received a declined application can resubmit a new application for a different need.

CAP Cares Eligibility and Rules

1. Be an active member for at least one year.
2. Must be 18 or older; if not, then a parent or legal guardian can request funds on their behalf.
3. Must not refuse insurance available to them.
4. Must use the money awarded expressly for the purpose indicated by the applicant.