



Name of Applicant		Name of Eligible Service Member	
Relationship of Applicant to Service Member		Date of Service Member Injury/Death	
Eligible Service Member Organization			
Military / Branch: _____			
First Responder / Organization: _____			
Law Enforcement / Organization: _____			
Other: _____			
Applicant Address			
City		State, Zip	
Home Phone		Mobile Phone	
Email			
Eligible Service Member Address (if different from Applicant)			
City		State, Zip	
Home Phone		Mobile Phone	
Email			
Nature of Eligible Service Member's injury or cause of death			
State the specific assistance being requested for the eligible Service Member's family (Financial assistance? Educational (for surviving children)? Courtesy services? Etc.)			

FamilyFreedomFoundation.org
 501 Brent Lane, Pensacola, FL 32579
 Email: info@FamilyFreedomFoundation.org
 Phone: (850) 685-1458
 Florida Licensed 501(c)3 organization

Service Member Information:

Convictions/Pleas. In the past ten (10) years, have you ever been convicted of, or pled guilty or no contest to, any criminal offense other than any applicable exceptions listed above? Yes No
Pending Charges. Have you been arrested for any matters for which you are now out on bail or on your own recognizance pending trial? Yes No
CRIMINAL RECORDS: If you answered Yes to either of the above two questions, please provide the date(s) and describe that criminal record so the individual circumstances can be considered. <i>Criminal convictions or arrests will not automatically disqualify an applicant from receiving requested services.</i>

Criminal Record information (Instructions for answering the two questions above):

A) All Applicants. Do not include convictions that were sealed, eradicated, erased, annulled by a court, expunged, pardoned, or deferred and withdrawn.

B) District of Columbia, Illinois, and Rhode Island Applicants. Do not respond to the second question (regarding pending charges).

C) California Applicants. Do not include: a misdemeanor conviction for possession or transportation of a small amount of marijuana (28.5 grams or less) if the conviction is more than two (2) years old; participation in any pretrial or post trial diversion program for drug or alcohol rehabilitation; or a misdemeanor conviction for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.

D) Colorado Applicants. Exclude information involving any record of civil or military disobedience unless such matters resulted in a plea of guilty or a conviction by a court of competent jurisdiction.

E) Connecticut Applicants. You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are: records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs; an adjudication as a youthful offender; a criminal charge that has been dismissed or nulled (not prosecuted); a criminal charge for which the person was found not guilty; or a conviction for which the offender received an absolute pardon.

Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.

F) Hawaii Applicants. Do not answer the two questions above.

G) Massachusetts Applicants. Do not answer the two questions above.

H) Michigan Applicants. Regarding pending charges, limit your response to felony offenses.

I) Utah Applicants. Regarding convictions, limit your response to felony convictions. Do not respond to the second question (regarding pending charges).



The mission of the Michles Family Freedom Foundation is to provide assistance in the form of money and professional services (legal, accounting, and financial advice) to the families of military, law enforcement and first responders killer or injured in the line of duty. Assistance may include but not be limited to financial assistance, the grant of courtesy services and the establishment of educational trust funds for the children of these families.

By submission of this completed application, I confirm the accuracy of this information to the best of my knowledge and agree to provide additional information as requested by the Michles Family Freedom Foundation Board of Directors in order to determine the eligibility of this request in accordance with Michles Family Freedom Foundation standards and guidelines.

Applicant Signature

Date

Applicant Name / Print

For Administrative Use only:

Service Member Eligibility verified by: _____

Date of verification: _____ BofD Presentation Date: _____

BofD Approval? _____ If yes, date of approval: _____

Authorizing BofD: _____

Amount of distribution: _____ Check #: _____

OR

Services established: _____

Services completed by: _____ Date: _____

Notes: _____

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