



# North Carolina National Guard Family Programs Turkey Express

**Official  
Use Only**

**\*\*Deadline for submission is November 6, 2017\*\***

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## Service Member Information

**Last Name:** **First Name:** **MI:**

**Address:** **City:** **State:** **Zip:**

**Home Phone:** **Cell Phone:** **Email Address:**

**Unit:** **Readiness NCO:** **Readiness NCO Phone:**

**Person submitting request:** **Relationship to SM:** **Phone:**

**Is SM employed?** **If yes, where?** **Status:**  
Yes Full Time  
No Part Time

**If not employed, is SM registered with the EEC?** **Number of adults in household:** **Number of children in household:** **Ages of children:**  
Yes  
No

**Has SM received assistance from Family Programs in the last two years (Christmas, Thanksgiving, SAAF, Food Box, etc.)?**  
Yes  
No

**\*\*Please note that if SM has received assistance from Family Programs within the last two years, he/she may not be eligible.\*\***

**To determine eligibility, please provide a detailed description of your hardship. (If more space is needed, please attached a separate sheet.)**

**Applicant's signature:**

**Date:**

**Delivery or pick-up will be coordinated with the State Family Programs Office.**

**\*\*By signing this form, you are confirming that the information is true to the best of your knowledge.\*\***

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***\*\*Forms must be reviewed and signed by Service Member's Commander or Commander's Representative.\*\****

Unit Representative's  
Printed Name:

Date:

Unit Representative's  
Signature:

Is SM in good standing  
with the unit?

Yes

No

Comments:

FAC Printed name:

Date:

FAC Signature:

Closest NCNG Armory  
to HOR:

Pick-up/Delivery  
Details: