

40&8 - Charles W. Ardery Memorial Child Welfare Trust Fund



CLAIM APPLICATION FORM

*National Offices of the
40 & 8 — Charles W. Ardery Memorial
Child Welfare Trust Fund*

*250 East 38th Street
Indianapolis, Indiana 46205*

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*NOTE: MUST be legible and neat. If applications are
sloppy or difficult to read they will be returned.*



Revised October 2014

I - INSTRUCTIONS FOR COMPLETING CLAIM FORM

A. ESTABLISHMENT OF THE CLAIM

1. Enter the amount for which reimbursement is being requested. Only children 17 years old or younger are eligible for Charles W. Ardery Trust Fund (CATF) assistance. The maximum claim allowance per child is \$300.00, and the maximum claim allowance per family (four or more children) is \$1,000.00. The established maximum claim limits are discretionary, and may, under the most serious consequential situations, be exceeded with the unanimous approval of the CATF Disbursement Board. Should a claimant organization seek to submit a claim which exceeds the established maximum claim allowances, ***it must do so in advance of such submission***, by contacting the CATF Disbursement Board Chairman, or in the absence of the Chairman, the claimant may contact the Correspondant National.
2. Claimant **MUST** attach a statement to the claim addressing each of the following questions.
 - a. Explain why aid and assistance was needed by the recipient(s). Response should be supported by personal investigation and documentation from print media; law enforcement agency or department; fire department; local, state or Federal agencies; medical providers; educational institutions, and others as applicable.
 - b. The purposes for which money was expended, and the facts of such expenditures.
 - c. Explain the financial circumstances of family at the time the need was realized.
 - d. Prior to providing aid and assistance, the claimant is required to investigate the facts of the case to determine both the degree of need, and to verify that established public and private agencies were unable or unwilling to respond promptly. Was such an investigation performed, and what were its findings?
 - e. Did the claimant organization designate a representative to supervise any necessary purchases? Response should include designees contact information.

B. RECIPIENT INFORMATION

1. Enter the names and ages for each child for whom expenditures were made, and which the claimant is requesting reimbursement.

NOTE: Children MUST be 17 years old or younger to be considered eligible for CATF assistance. If additional children (more than 4) are included in this claim, list their names and ages on a separate statement and attach it to the claim.

2. Enter the recipient parent(s) contact information, including veteran status. If both parents reside at the same address, enter such address for only one parent and indicate “SAME” for the other, as applicable. Place a “✓” in the appropriate “☐” in response to the veteran status question for both the father and mother, as applicable.

C. CLAIMANT INFORMATION

1. Enter the Voiture Locale number of the claimant organization. If the claimant is a Grande Voiture, enter “N/A”.
2. Enter the name of the Grande Voiture under which the claimant Voiture Locale is organized, or the name of the applicable Grande organization, if the claimant is a Grande Voiture.
3. Were the claimed expenditures for an emergent situation? Place a “✓” in the “☐” indicating the applicable response to the question. If “No”, then a statement explaining reasoning for providing assistance MUST be attached and submitted with the claim. Statement should also address why assistance was not available from other established public or private agencies.
4. Has the claimant organization previously provided assistance to the recipient child, children or family? Place a “✓” in the “☐” indicating the applicable response to the question. If “Yes”, then a statement explaining the reasoning for providing additional continued assistance MUST be attached and submitted with the claim. Statement should also address why assistance was not available through other established public or private agencies.
5. Is all evidential documentation necessary to support the claim attached? Place a “✓” in each applicable “☐” indicating the presence of the evidential item in question. If “No”, then a statement fully explaining the absence of such MUST be attached and submitted with the claim.
6. Place a “✓” in the “☐” indicating the applicable response to the question. If “No”, then a statement explaining why such was not requested or attempted MUST be attached and submitted with the claim.
7. Enter the contact information for the Chef de Gare of the applicable claimant organization (Voiture Locale or Grande Voiture), as applicable.
8. Enter the contact information for the Correspondant of the claimant Voiture Locale organization. Leave blank if claim is being submitted by a Grande.

9. Enter the contact information for the Child Welfare Chairman of the applicable claimant organization (Voiture Locale or Grande Locale).

***NOTE:** As a minimum, the claim application must carry the original signatures and associated contact information for no less than two (2) of the above indicated claimant organization representatives*

10. Enter the contact information for the individual to whom the any authorized reimbursement check should be mailed. Reimbursement checks will ONLY be made payable to the claimant organization (Voiture Locale or Grande Locale), %Child Welfare.

***NOTE:** Upon completion of a claim by a **Voiture Locale**, the claim form and all associated, supporting and required evidential documentation **MUST** be sent to the applicable Grande Correspondant for recommendation. Upon completion of a claim by a **Grande Voiture**, the claim form and all associated, supporting and required evidential documentation **MUST** be sent to Voiture Nationale.*

D. GRANDE CORRESPONDANT RECOMMENDATION

1. The Grande Correspondant should review each claim application as received, and assure that it is complete and correct. If the claim is found to be lacking in either form or substances, it should be returned to the claimant organization with instructions sufficient enough that the claimant can understand and correct any and all discrepancies, and then resubmit the claim to the Grande.

If the claim application is found to be acceptable and correct in both form and substance, an applicable recommendations should be indicated.

***NOTE:** Regardless of the recommendation given by the Grande Correspondant, **ALL** claim application found to be complete and correct in form and substance **MUST** be forwarded to Voiture Nationale for consideration and final disposition by the CATF Disbursement Board. If a recommendation is made for partial reimbursement or disapproval of the claim, a statement fully explaining the reasoning for such recommendation **MUST** be attached and submitted with the claim. Absent such explanation, the recommendation may be ignored by the CATF Disbursement Board.*

2. Enter the contact information for the Grande Correspondant.

II - CHARLES W. ARDERY CHILD WELFARE CLAIM FORM

A. ESTABLISHMENT OF THE CLAIM

Application is hereby made by the indicated subordinate organization of the 40&8, herein referred to as "claimant", for reimbursement of expenditures made by it for the purposes set forth in this claim application.

1. Claim Amount: \$ _____

2. Claimant **MUST** attach a statement to the claim addressing each of the following questions.
 - a. Explain why aid and assistance was needed by the recipient(s).
 - b. Explain the purposes for which money was expended, and the facts of such expenditures.
 - c. Explain the financial circumstances of family at the time the need was realized.
 - d. Prior to providing aid and assistance, was an investigation performed, and what were its findings?
 - e. Did the claimant organization designate a representative to supervise any necessary purchases?

B. RECIEPIENT INFORMATION

1. Recipient(s). Enter the name(s) and age(s) for each child for whom expenditures were realized, and for which the claimant is requesting reimbursement.
 - a. Name: _____ Age: _____
 - b. Name: _____ Age: _____
 - c. Name: _____ Age: _____
 - d. Name: _____ Age: _____

***NOTE:** If additional children are included in this claim, list their names and ages on a separate statement and attached such to the claim.*

2. Recipient Parents Information:

a. Name of father: _____

b. Address of father: _____

c. Phone number of father: (_____) _____ - _____

d. E-mail Address: _____

e. Is father a Veteran? Yes No

f. Name of mother: _____

g. Address of mother: _____

h. Phone Number of mother: (_____) _____ - _____

i. E-mail Address: _____

j. Is mother a Veteran? Yes No

C. CLAIMANT INFORMATION

1. Voiture Locale Number: _____

Grande Voiture Name: _____

2. Were the claimed expenditures for an emergent situation? Yes No

3. Has the claimant organization previously provided assistance to the recipient child, children or family Yes No

4. Is all evidential documentation necessary to support the claim attached? No
- a. Newspaper article(s) and / or pictures? Yes
- b. Fire and / or Police Department report? Yes
- c. Local, State and / or Federal Government Department, Agency and/ or Administration report? Yes
- d. Insurance company report? Yes
- e. Verified witness statement(s) and / or affidavit(s), etc? Yes
- f. Bank Card receipt(s) and/or copy of cancelled check(s)? Yes
5. Was an effort made to secure discounts on all purchases? Yes No

I/We, the undersigned duly authorized claimant organization representative(s); do hereby certify that the facts and information presented in this claim application are true and correct, and that this application is made for and in behalf of the claimant organization.

6. Chef de Gare -

- a. Name: _____
- b. Signature: _____
- c. E-mail Address: _____
- d. Phone Number: (_____) _____ - _____

7. Correspondant –

- a. Name: _____
- b. Signature: _____
- c. E-mail Address: _____
- d. Phone Number: (_____) _____ - _____

8. Child Welfare Chairman –

- a. Name: _____
- b. Signature: _____
- c. E-mail Address: _____
- d. Phone Number: (_____) _____ - _____

9. Name and Address of Individual to whom reimbursement check is to be mailed.

- a. Name: _____
- b. Address: _____

D. GRANDE CORRESPONDANT RECOMMENDATION

1. I, the undersigned, have reviewed this claim and make the following recommendation.

- Approval (Full Amount) Amount: \$_____._____
- Approval (Partial Amount) Amount: \$_____._____
- Recommend Disapproval. Statement fully explaining the reasoning for such recommendation MUST be attached and submitted with claim.

2. Grande du Name: _____

Grand Correspondant:

- a. Name: _____
- b. Signature: _____
- c. Address: _____

- d. E-mail Address: _____
- e. Phone Number: (_____) _____ - _____