

CGMA is dedicated to a policy of fair treatment. At all times, CGMA will provide an environment that promotes dignity, respect, fairness, and inclusion. These are essential ingredients to the sustainment of operational excellence, a positive office climate and a healthy work environment. All CGMA personnel and representative will comport themselves in accordance with all Coast Guard civil rights policies at all times. All CGMA clients will adhere to this policy in their interactions with CGMA HQ personnel and CGMA Representatives.

**INSTRUCTIONS:** This form may be completed by either the spouse/partner seeking safe harbor, or the legal guardian of minor dependents needing safe harbor. Either a Family Advocacy Specialist (FAS) or Special Victim's Counsel (SVC) may complete it on their behalf if circumstances so require.

All applications for this assistance must be processed by the FAS or SVC only. Other CGMA Reps who receive these applications shall contact the nearest FAS, SVC or CGMA HQ for guidance.

Entries into netFORUM shall identify the applicant as the individual. "New Individual' entries shall use 'Widow/Other' as the status when creating their profile in netFORUM. **DO NOT ENTER THE CASE UNDER THE MILITARY MEMBER'S NAME.** 

	Applicant / Guardian Information						
Name: First	M.I.	Last		Suffix	SSN last 4	Employ	/ee/Auxiliary ID
Preferred address: Line 1	Line 2		City	State	Zip Code	Phone #	
Member's Name: First Name	M.I. La	ast Name	Member's Ran	nk Unit			OFPAC #
Status:	# of Dep	endent incl	uding spouse	Year join	ed CG		Year of birth
Spouse Legal Guardian							
Email address: personal/Zelle			Email address	: Work			
<b>Zollo</b> is an electronic disburgement a	nnlication h	atwaan CCN	1A's bank and you	Irc			

Zelle is an electronic disbursement application between CGMA's bank and yours.

Request and purpose						
Type of Assistance		Amount Requested (2nd page) Monthly Repayment Prefer Funds:		Prefer Funds:		
Loan	Grant	\$	\$	Electronic disbursement	Check	
Describe circu	mstances	for assistance:				

	Certification				
Has the applicant/spouse/victim been counseled about Transitional Compensation Benefits? Yes No					
Certifying Authority:	Family Advocacy	Specialist (FAS)	Special Victims Counselor (SVC)	Coast Guard Legal	
Name	Phone	Email	Unit		Date
Comments:					
Applicant / Guardian	Applicant / Guardian's Signature Date				



Assistance may be provided to the spouse/partner for the following expenses in cases where the spouse/partner is relocating (with or without dependents):

\$ Actual lodging costs: Limited to three months and NTE the local with dependents BAH Rate. A copy of a lease or rental agreement shall be provided.
\$ Food Costs: \$1000.
\$ Travel Costs: Use DoD per diem and mileage rates for a comparable PCS move.
\$ Actual Costs for Air Travel: If spouse/partner is traveling by airline, they should provide a copy of the receipt or itinerary for the tickets. Cost shall be limited to the cost for economy class travel.
\$ Actual cost for moving company or trailer rental. A copy of the estimate or receipt shall be provided.
\$ Emergency clothing and basic living expenses. If the situation is extreme enough to require evacuation or relocation with nothing or very little clothing and items taken, the SVC may authorize an extra expense of up to \$500 for clothing for each family member, and up to \$1000 for basic items (sheets, towels, cookware, etc).
\$ Actual Medical cost coverage: Up to three months cost of basic medical coverage – limited to \$200 per person. Use of TRICARE shall remain in effect until divorce/legal separation from member/ parent is final. A copy of the premium statement shall be provided.

Assistance may be provided for minor dependents who are relocating to a safe harbor without a parent. Funds may be provided directly to the guardian or other family member. In these instances, assistance may be provided for the following:

\$ Actual Travel Costs: Costs of a comparable PCS relocation. This may be POV travel or air travel. It may include the cost of travel for a guardian or family member accompanying the dependents. Copies of airline receipts shall be provided if air travel is utilized.
\$ Guardian Travel: The travel costs for a guardian or family member to travel to where the dependents are located to assist them in relocating to their safe harbor. This may be POV travel or air travel. (NOTE: In the rare instance where another CG member, or some other responsible adult is accompanying the dependents to their new location, travel for that designate person may be covered for round trip travel.) Copies of airline receipts shall be provided if air travel is utilized.
\$ Basic living expenses: In cases where dependents are relocating to a home that is not dependent ready (for example the residence of a single Aunt or Uncle), an allowance may be made to assist the new guardians in making the residence ready. The applicant should request the amount they believe they need with an explanation of the costs. CGMA HQ shall make the final determination on the amount approved. Some examples of possible costs include (but is not limited to); cribs, beds, clothing, furniture, etc.
\$ Emergency Clothing: In the case of dependents being relocated without their belongings or sufficient clothing (children are sometimes deprived of sufficient clothing in abusive situations) up to \$500 may be provided for each minor dependent.
\$ Actual Medical cost coverage: Up to three months cost of basic medical coverage – limited to \$200 per dependent. Use of TRICARE shall remain in effect until divorce/legal separation from member/parent is final. A copy of the premium statement shall be provided.