



# Coast Guard Mutual Assistance

## Adoption Assistance

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.

**Adoption Loan:** may be provided to any eligible CGMA client who is incurring expenses related to the legal adoption of a child, maximum of \$6,000.

**Adoption Grant:** provide financial assistance to those who are in the process of legally adopting a child by reimbursing, up to a maximum of \$3,000, the cost of the **home study** directly related to the adoption.

CGMA Client Information							
Name: First	M.I	Last	Suffix	SSN last 4	Employee/Auxiliary ID		
Home address: Line 1				Line 2	City	State	Zip Code
Phone #							
Member Status:	Active Duty	Retired	Reserve	Civilian	Auxiliary	PHS	Other
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Rank/Rate/Title	Unit			OFPAC #	Check if client is deceased		
Married:		# of Dependent including spouse		Year joined CG	Year retired	Year of birth	
Yes No							
Email address: personal/Zelle				Email address: Work			
<b>Zelle</b> is an electronic disbursement application between CGMA's bank and yours.							

Applicant Information							
To be completed if the applicant is not the CGMA Client (i.e. spouse, widow(er) or other authorized family member)							
Name: First	M.I	Last	Suffix	SSN last 4	Relationship to Client	Power of Attorney	
						Yes No	
Email address: personal/Zelle				Pre-Authorization Form		Phone #	
				Yes No			

Request and purpose			
Type of Assistance Requested	Amount requested	Monthly Repayment	Prefer Funds:
Loan Grant	\$	\$	electronic disbursement Check
Reason for assistance (attach additional pages if necessary and documentation)			

CGMA Client/Applicant's Certification
<p>Everything that I have stated in this application is correct to the best of my knowledge. You are authorized to check the facts surrounding this request including my credit and employment history. I understand that any misstatement of fact is grounds of denial of this request. I understand that I am responsible for any unpaid balance and that any delinquent unpaid balance may be referred to a collection agency and may affect my credit.</p> <p>I have attached qualified adoption expenses documentation for this loan.</p> <p>I have attached home study documentation for grant.</p>
Client/Applicant's Signature _____ Date _____