



### Department of California California Disaster Fund Application

*The purpose of the California Disaster Fund is to assist members who sustain damage to their homes or great personal loss causing widespread damage. Any member in good standing is eligible for assistance. The amount of assistance granted will depend upon the need.*

Unit Name: \_\_\_\_\_ Unit #: \_\_\_\_\_ District: \_\_\_\_\_

Applicant’s Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of request: \_\_\_\_\_

Description of disaster/Reason for need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate personal financial costs incurred due to disaster: \$ \_\_\_\_\_

Amount of funds requested: \$ \_\_\_\_\_

**Member or Unit Community Service Chairman:**

\_\_\_\_\_ Printed Name/Title Signature Date

**Unit President or Unit Secretary:**

\_\_\_\_\_ Printed Name/Title Signature Date

For Department Use Only			
Date Received		Case Number	
Approved by			
Date Approved		Approved amount	
Date Check Record sent to the Department Office			

**The Unit shall submit this form with the supplemental data form to the CA Department Community Service Chairman.**

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