



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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