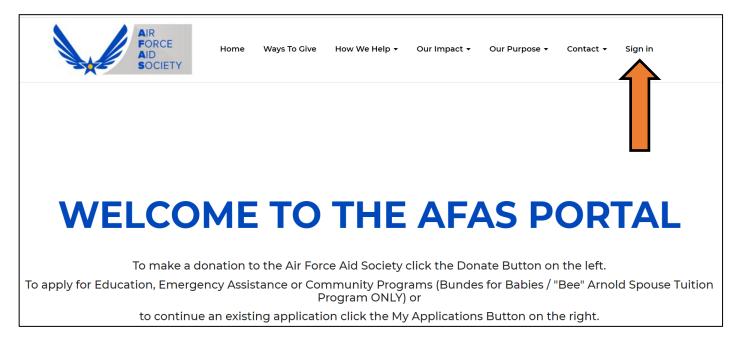


AFAS Application Instructions for Elevate Grant

Using the AFAS Member Portal



- **1.** Access the Air Force Aid Society Member Portal
 - Go to: <u>https://portal.afas.org</u>
 - Click Sign In



2. Sign In Tab

- > If you **previously** registered for an account, you may **Sign In** with your Email and Password
- If you never registered for an account, you can create an account by selecting the Register tab and following the instructions (See information on next page)

Note: You may need to reset your password or call 703-972-2604 for an AFAS Team Member to unlock your account if it does not allow you to proceed

	Sign in	Register	
v	Velcome to o	ur new Air I	Force Aid Society portal!
N	IEMBER, GR/	ANDPAREN	LL EMERGENCY TRAVEL FINANCIAL ASSISTANCE REQUIRED DUE TO SERIOUS ILLNESS/DEATH OF AN IMMEDIATE FAMILY T OR OTHER FAMILY RELATIONSHIP WILL BE PROCESSED THROUGH THE AMERICAN RED CROSS (ARC). PLEASE CONTACT THE OR IMMEDIATE ASSISTANCE.
С	reate your ac	count and	o to manage your relationship with the Air Force Aid Society, the official charity supporting US Airmen and Space Guardians. Once you log in, you will be able to view your donation history, set-up and manage your recurring gift, apply for an education grant, apply for manage your education or emergency assistance loans.
lf	this is your f	irst time ac	cessing the portal, please navigate to the "Register" tab above to set up your account.
If	you have an	y issues ple	ase contact the following for support:
F	or issues app	lying for Ec	s, please contact the Donation Team: <u>donations@afas-hq.org</u> lucation Assistance, please contact the Education Team: <u>education@afas-hq.org</u> nergency Assistance, please contact the Emergency Assistance Team: <u>ea@afas-hq.org</u> or <u>Click Here</u>
S	Sign In		
		Email	
	* F	Password	
			Sign in Forgot your password?

3. Register Tab – Creating a new account

Enter your personal email, create a Password & Confirm password, enter the code from the image on your screen, and then click **Register**

Note: **Do not** use your ".mil" or ".edu" email as you may not receive important emails regarding your application

Sign in Register]
	mil" email address to register. You may not receive important email notifications if you do so. If you receive a message that your email please return to the "Sign in" tab and use the password reset button at the bottom of the screen to generate a password for your Int
* Email	
* Password	
* Confirm password	
	PG7FPBM
	Generate a new image Play the audio code
	Enter the code from the image
	Register

If you receive a message indicating "the username/Email is already taken", you may have already registered. Click on the Sign In tab and enter your Email and Password to continue to the application. If you do not remember your password, click on the Forgot your password? button and follow the instructions to request a password reset

> Profile screen - enter the required information on this page and then click Update

John Snuffy	Your information	
	Title *	E-mail/Username
Profile	Amn 🗙 Q	johnsnuffy80@gmail.com
onation History	First Name *	Business Phone
ecurring Donations	John	703-972-2604
ly Applications	Middle Name	
Security		
hange password	Last Name *	
	Address	Address 1: State/Province
	Street I	Address I: State/Province
	1550 Crustel Dailys	
	1550 Crystal Drive	٩
	1550 Crystal Drive Street 2	Q ZIP/Postal Code
		ZIP/Postal Code

> Once complete, you should be taken back to the Sign in / Register screen and be able to Sign In

4. Create An Application

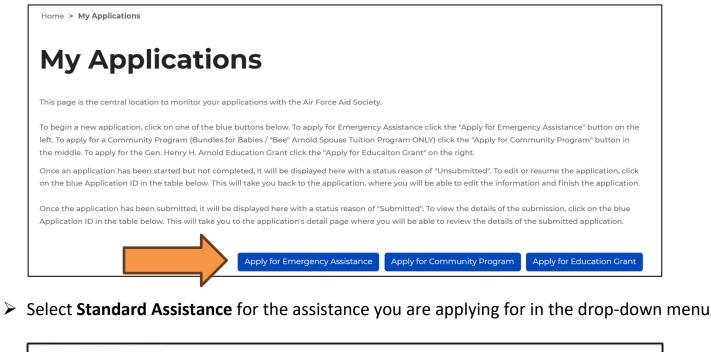
Sign In to your account to start an application. (Select the Sign In tab, enter your Email and Password)

┥┟──	
Sign in	Register
Welcome to ou	ur new Air Force Aid Society portal!
-	e-stop shop to manage your relationship with the Air Force Aid Society, the official charity supporting US Airmen count and log in, you will be able to view your donation history, set-up and manage your recurring gift, apply for a

Click on My Applications

WELCOME TO T	HE AFAS PORTAL
To make a donation to the Air Force Aid	Society click the Donate Button on the left.
	ity Programs (Bundes for Babies / "Bee" Arnold Spouse Tuition n ONLY) or
to continue an existing application clic	k the My Applications Button on the right.
Donate	My Applications

> Click on Apply for Emergency Assistance (for Elevate Grant)



Select Assistance

__ Falcon Assistance - Financial needs based emergency assistance up to \$1500 for: basic living expenses including rent/mortgage, food, phone, utilities and gasoline; emergency travel (for any family relationship); child care, medical and dental needs; vehicle insurance, payment/registration, vehicle repair. Loans approved under a Falcon Assistance must be repaid in 15 months or by ETS if less than 15 months. If your need exceeds \$1500, does not fall into one of the categories above, or you are repaying a loan to AFAS, pending separation, or are under Chapter 13 bankruptcy, apply for Standard Assistance.

__ Standard Assistance - Financial needs based emergency assistance to help with: basic living expenses such as rent or utility bills, medical or dental care, funeral expenses, vehicle repairs, travel emergencies, pet PCS transportation, special needs, disasters, assistance to surviving dependents, other categories of need. A budget is required, as well as proof of debt.

Which type of emergency assistance are you applying for?*

Submit

~

> Next, select the **Eligibility Category** which pertains to you and then click **Submit** to begin your application

Note: The system **will not** allow you to apply if you do not fall under any of the eligibility categories

Note: Active-Duty Air Force/Space Force members assigned to any other type of installation, organization, or Geographically Separated Unit (GSU) <u>can</u> apply for assistance using the "Active-Duty Air Force/Space Force member assigned to an Air Force/Space Force installation" eligibility category

Standard Assistance	~
elect the eligibility category which pertains to you	
O Active-Duty Air Force/Space Force member assigned to an Air Force/Space Force installation	
O Spouse of an active-duty Air Force/Space Force member with a Power of Attorney (POA)	
Air National Guard or Air Force Reserve member	
O Spouse of an Air National Guard or Air Force Reserve member with a Power of Attorney (POA)	
O Air Force Retiree	
O Spouse of an Air Force Retiree with a Power of Attorney (POA)	
O Widow or widower of an Air Force Retiree	
Dependent family member (enrolled in DEERS) of Air Force/Space Force member who died on active duty	
O Other military service member (Army, Coast Guard, Marines, Navy)	
O None of the above	

Step 1: Applicant Information page – Fill in the required information and then click Save and Continue. Note: All fields with an asterisk (*) are mandatory and must be completed to continue to the next screen

A	DDLL	CATION
A	PPLI	CATION
1 Applicant Information 2 Military Member Infor	rmation 3 Requeste	d Assistance Details 4 Dependents 5 Requirements
6 Disbursement Method		
Annual Information		Contact Information
Applicant Information		
SSN (with dashes) *		Personal Email Address * This email must be the one that you logged in with, if you would
		to change it please do so on your profile page.
DODID		
		Work Email Address
First Name *		
		Phone Number Type *
Middle Initial		Select
		Work Phone (no dashes)
Last Name *		Provide a telephone number
]	
Sufftx		Home Address
	٩	Address Line 1*
Date of Birth (Format: MM/DD/YYYY) *		
MM/DD/YYYY		Address Line 2
Military Member is Applicant		City *
O No. Wym		City .
		State/Province *
		Zip Code *
		EEOC Voluntary Self Identification Que
		Gender: (Please check one of the options below)
		Select
		Race/Ethnicity: (Please check one of the descriptions below
		corresponding to the ethnic group with which you identify) Copy and paste this link
		https://afasportaidev.powerappaportals.com/eeoc-descriptions/
		new browser for definitions of the race and ethnicity categories below:
		Select
		Please select household income range:
		(Participation will have no bearing on assistance determination
		Select

Step 2: Military Member Information page – Fill in the required information and then click Save and Continue

Note: First Sergeant name and contact information is mandatory. AFAS reserves the right to contact the First Sergeant if/when necessary

Applicant Information 🖌 2 Military Member Inform	ation 3 Requested Assistance Details 4 Dependents 5 Regularments
	3 Requested Assistance Details 4 Dependents 5 Requirements
5 Diabunsement Method	
ilitary Member Information	Contact Information
SSN (with dashes) *	Personal Email Address *
	Please enter a personal email address, mil email addresses will not be accepted
DODID	be accepted
	Work Email Address *
First Name *	
	Phone Number Type *
Middle Initial	Mobile Phone 🗸
	Mobile Phone (no dashes) *
Last Name *	
	Work Phone (no dashes) *
Suffix	
ilitary Information	Street
Military Branch *	
	Duty Station/Base *
Military Category *	Duty station/isase *
Military Category * Select	Duty station/Base *
Military Category * Select Military Rank *	City*
Military Category * Select	City * State/Province *
Military Category * Select Military Rank *	City * State/Province * Q
Military Category * Select Military Rank *	City * State/Province *
Military Category * Select Military Rank *	
Military Category * Select Military Rank *	City *
Military Category * Select Military Rank *	
Military Category * Select Military Rank *	City *
Military Category * Select Military Rank *	City * C
Military Category * Select Military Rank *	

Step 3: Requested Assistance Details page

• Click on the blue **Add Requested Item** button on the right-side to select specific categories of need and the amounts needed. You may include multiple items in the same application

EM	IERGENO APPI	CY ASSIS		NCE	
I Applicant Information 🖌	2 Military Member Information 🖌	3 Requested Assistance Details	4 Dependents	5 Requirements	
6 Disbursement Method ick the "Add Requested Item"	icon, select a category and provide a c	description and a dollar amount.			
				Add Requested Item	

- Under **General**, use the drop-down boxes:
 - Requested Item Category select: **Exception to Policy**
 - Requested Item Category select: Other Emergency Situations
- \circ Enter \$160.00 in the Amount Field
- In the text box requesting more details enter: **Elevate Grant Request**
- Once finished, click the blue **Submit** button

Requested Item Category *	Please provide more details on your
Exception-to-Policy ~	specific needs for this requested item.
Requested Item Subcategory *	Elevate Grant Request
Other Emergency Situations 🗸	
Amount (Format: 0.00)	
160.00	

- When back on the **Requested Assistance Details page select Save and Continue at the bottom**
- Once all requested items have been entered and verified, click **Save and Continue**

EM		ICY ASSIS PLICATIO		ICE	1		
1 Applicant Information 🖌	2 Military Member Information	✓ 3 Requested Assistance Details	4 Dependents	5 Requiremen	ts		
6 Disbursement Method			I				
Requested Item Category ↓	Requested Item Subcategory	Description		Add Rea	quested	ltem	
Exception-to-Policy	Other Emergency Situations	Elevate Grant Request			\$160.00	\bigcirc	
Requested Total					\$160.00		
Selected Assistance Type *							
Standard Assistance							
Explanation of Hardship *							
Elevate Grant Request							

Step 4: Dependents page

- If you have any dependents, click Add Dependent to provide their details
 Note: Please include all dependent names, Date of Birth (DOB), and your relationship as reflected
 in the Defense Eligibility Reporting System (DEERS). This information may be verified
- Once you have entered any dependents, or if you do not have any dependents, click Save and Continue
- If your significant other (non-dependent) is attending the ELEVATE modules with you, select the "Previous" button to return to the "Requested Assistance Details" screen and include their full name in the "Explanation of Hardship" block.

pplicant Information 🖌	2 Military Member Information 🖌	3 Requested Assistance Details 🖌	4 Dependents 5 Requi	irements
)isbursement Method				
ach dependent, click "Ado	Dependent" and complete the Name	Relationship, and Date of Birth fields.	Continue until all your depend	dents are listed.
ach dependent, click "Ado Name ↑	Dependent" and complete the Name, Relationship	Relationship, and Date of Birth fields. Date of Birth	-	Add Dependent

Step 5: Requirements page

- Under Document Type select Military ID and upload document
- Under Document Type select End of Month (LES) upload document
 Note: These documents are required by the system and *must* be attached before submitting your application (Documents required are based on your requested items). Although these documents are limited, an AFAS Team Member may request additional documentation if needed
- Skip Document Types: Estimate and Budget
- Select Save and Continue at the bottom of page

EMERGENCY ASSISTANCE APPLICATION



Please attach each file individually by clicking the blue text on the left side of the table and in the new window click the choose file button to select your file that corresponds with the Document Name that you selected and click submit.

		Document Type ↓	Description	Status	Received Date	
		Military ID (Front and Back)		Pending		٢
	•	End-of-Month Leave and Earning Statement (LES)		Pending		٢
SKIP these steps		Document showing Estimate/Cost for an Emergency Situation		Pending		
		Budget		Pending		•

Previous Save and Continue

Step 6: Disbursement Method page

• Select how you would like to receive your disbursement, either through Zelle or Bank ACH

Zelle To use Zelle, you must register through your bank and select the Zelle Identifier Type. It is either a stateside phone number (entered without dashes) or a personal email synced to your stateside bank account.	Bank ACH If Bank ACH is elected, fill out the Bank Name, Routing Number and Account Number. Funds will be deposited directly into this account.
1 Applicant Information 2 Military Member Information 3 Requested Assistance Details 6 Disbursement Method Enroll today in the Zelle payment platform to direct deposit approved emergency assistance funds into your account! Click Here to learn more. Disbursement Method * Zelle Zelle Previous Save and Continue	1 Applicant Information 2 Military Member Information 3 Requested Assistance Details 6 Disbursement Method Enroll today in the Zelle payment platform to direct deposit approved emergency assistance funds into your account? Click Here to learn more. Disbursement Method* Bank ACH Bank Name*

- o Once you have entered and verified your Disbursement Method, click Save and Continue
- Close this page, and return to the home page
- Select "My Applications" tab, you will find your application saved

 STOP HERE. You will complete your Elevate Grant request after your final module in your M&FRC.