

# Guidelines & Application

for the  
**40 & 8**  
**Charles W. Ardery**  
**Memorial Child Welfare**  
**Trust Fund**

National Offices of the  
40 & 8 — Charles W. Ardery Memorial  
Child Welfare Trust Fund  
777 North Meridian Street  
Indianapolis, Indiana 46204-1170  
(317) 634-1804

Revised December 1996

## ARDERY MEMORIAL TRUST FUND

The primary function of the Charles W. Ardery Trust Fund is to provide reimbursement of funds expended by *Voitures Locales* or *Grandes* in the emergent needs of children **17 years or younger**. Emergent cases should be the prime consideration and should be undertaken where established agencies (Red Cross, churches, welfare, etc.) are unable to move rapidly or cannot act. One time assistance to a family is all that is allowed and aid should not replace or supplement what is available through established agencies.

Applications for grants must be made through *Voiture Locale* or *Grande Voiture* and must be submitted on the forms available through *Voiture Nationale*. All items must be completed and signed by the *Voyageurs* indicated on the form. No funds will be reimbursed unless the purpose is charitable and within the terms of the Trust agreement and the items purchased are made by a *Voyageur*. **Expenditures greater than \$100.00 per child or \$400.00 per application serving families over four children must have prior approval from the Disbursement Board or Correspondant National.**

## TYPES OF CASES THAT WILL BE CONSIDERED

The emergent needs of children are the primary interest of the Charles W. Ardery Trust Fund. Emergent for this purpose is defined as: "A situation which has developed of a serious nature which demands prompt action." This situation can be caused by natural disasters, flood, tornado, hurricane, fire, volcano, etc. Additionally, those situations caused by society may be considered. For example: loss of parental support, inability of civil agencies to act, civil disaster, etc.

Applications involving replacement of clothing: As situations vary from child to child, area to area and season to season, the Disbursement Board will accept without further explanation the following wearing apparel, provided cost does not exceed \$70.00 to \$100.00 per child, or \$400.00 per case, of four or more children. As a guideline: a change of clothes usually will relieve the emergent need. All purchases will be supervised by a *Voyageur* at the direction of the *Voiture Locale*.

1. Underclothing — minimum 3 complete changes, maximum 6 changes.
2. Socks — boys 6 pair, girls not to exceed 6 changes.
3. Outer clothing — minimum 2 changes — maximum 3 changes (to include pants, shirts, dresses, skirts and blouses).
4. Outer wear — sweater or sweat shirt (only as season demands).
5. Coats, etc. — 1 only as season demands.
6. Shoes — 1 pair street shoes; if required, 1 pair gym shoes.
7. Accessories — belts, ties, scarves, hat or cap, mittens or gloves, pajamas, robes, overshoes should never exceed 1 each as season demands. (Make a list as recommended in item 4 following.)

The Disbursement Board realizes that the personal tastes of the individual child may lean towards designer clothing (jeans, shirts, boots, etc.). However, you risk a reduction in reimbursement if the individual cost of any of the above mentioned items exceeds the nominal cost determined at major department stores. Any adjustment to the guidelines established requires further explanation on the back of the application by the *Voiture Locale*. A listing to include size, description, detail and price of each item of clothing purchased for each child must be attached to the claim.

Applications involving subsistence: food, rent, utilities, fuel and other necessary items should be weighed very carefully in regard to the situation. In most cases, alternative sources of assistance are available. In the event your investigation determines Charles W. Ardery Trust Fund assistance is needed, be sure that only the emergent need is satisfied. Food stuffs should be purchased in sufficient amounts to endure until other means become available. Candy, pop, cigarettes, toys, etc., should not be included. However, paper goods (napkins, toilet tissue), personal hygiene items and laundry detergents may be purchased in sufficient quantities to satisfy the needs.

Staple foods should be bought and the amount of perishable foods purchased should not exceed the ability to store. Canned or processed meats would be more desirable than fresh.

Situations demanding medical expenses for children should be weighed very carefully as, in most cases, civil agencies will handle these. Because of the dollar amounts involved, this Trust cannot contribute to other funds being raised for a specific child. In most cases involving medical expenses, the Disbursement Board will consider those which involve examinations to determine the cause of extent of the illness. After the cause is determined, established agencies must be contacted to effect the cure. All those providing services should be requested for a charity discount.

Hearing aids, glasses, orthopedic devices, etc., may be purchased. However, care should be taken to see that devices as mentioned above are obtained at the most reasonable cost. A number of reductions are given especially for children. (Example: Major department stores have optical departments which offer glasses at a more reasonable cost than most opticians.)

## COMPLETING THE APPLICATION FORM

In completing the application, one must realize that he is explaining to the Disbursement Board the justification for making assistance available to the child and **requesting reimbursement**.

ITEM 1. The total amount should be listed. Remembering that the Disbursement Board will only allow up to \$400.00 — \$100.00 per child or \$400.00 for four or more children per claim, without prior approval.

ITEM 2. These questions must be answered on the back of the application. (This question should be supported by your personal investigation and documentation from doctors, teachers, welfare workers, etc., if applicable.)

(2) Self-explanatory.

(3) Self-explanatory.

(4) The *Voiture* must investigate the case, determine the need and find that established agencies are unable to act or act promptly. Make a clothing list for each child, a grocery list for the entire family before going to the store.)

ITEMS 3, 4. Self-explanatory, children must be 17 years or younger to be considered eligible by the Charles W. Ardery Trust.

ITEM 5. If there is any doubt in your mind that the Disbursement Board cannot justify reimbursement because of the emergent nature of the situation, you must explain under this item.

ITEM 6. Assistance from the Trust is limited to a one time use for any child or family. Records are kept. In rare instances, assistance is rendered a second time. This must be justified.

ITEM 7. Verification of expenditures must be attached to include listing of the description, sizes and cost of clothing purchased for each child. Sales receipts and cancelled checks and cash register tapes on food purchases. No payment will be made to parent or welfare agency.

ITEM 8. Make an effort to secure a discount. This discount or donation will reduce claim. It never hurts to ask, but ask someone responsible, at the managerial level, not the sales clerk.

The application must be signed by the *Chef de Gare* or *Correspondant* and *Child Welfare* chairman or his representative. Upon completion, the application must be submitted to your *Grand Correspondant* for his verification of addresses, etc.

It is realized that the above guidelines will not cover all situations. The *Voitures Locales* must determine if the situation is emergent and must justify this to the Disbursement Board if reimbursement is to be expected. Remember, you are spending your money first.

**If there are any questions upon eligibility of a situation or the use of this trust — please contact any member of the Disbursement Board or the Correspondant National.**

# 40 & 8 — Charles W. Ardery Memorial Child Welfare Trust Fund

## APPLICATION FOR FUNDS

To the Disbursement Board,  
777 North Meridian Street, Indianapolis, Indiana 46204

1. Application is hereby made for \$\_\_\_\_\_ to reimburse the applicant for expenditures made by it for the purposes set forth in this application. It is hereby certified that the following facts are true and correct, and that this application is made for and in behalf of the Voiture whose name and address are set forth below.

2. On the back of this sheet give explanation on the following:

- (1) Why aid was needed by child or children.
- (2) Purposes for which money was expended and dates.
- (3) Financial circumstances of family.
- (4) Whether or not Voiture has investigated first to ascertain if assistance is available from other sources and that a Voyageur supervised the purchases of items.

3. Names and ages of children for whom expenditures were made:

_____	AGE _____	_____	AGE _____
_____	AGE _____	_____	AGE _____
_____	AGE _____	_____	AGE _____
_____	AGE _____	_____	AGE _____

4. Name of father \_\_\_\_\_ Veteran Yes  No

Address of father \_\_\_\_\_

Name of mother \_\_\_\_\_ Veteran Yes  No

Address of mother \_\_\_\_\_

5. Were the expenditures for an emergency? Yes  No   
(If your answer is "No," explain on back of sheet why assistance was not available from public or other established agencies.)

6. Has assistance been previously given to this child or others in the family by your Voiture? Yes  No   
(If your answer is "Yes," explain on back of this sheet why you believe it is necessary and proper for Voiture to continue assistance and why public or established agency relief is not available.)

7. Are vouchers, receipts, cancelled checks or photo copies of such documents showing disbursement attached? Yes  No   
(If your answer is "No," explain on back of this sheet why they are not submitted.)

8. Have you made an effort to secure charity discount on purchase? Yes  No   
(If no discount is given, please explain reason for refusal on back of this sheet.)

Voiture Locale # \_\_\_\_\_ Grande Voiture du \_\_\_\_\_

\_\_\_\_\_  
(Name of individual to whom check is to be mailed.) Title

\_\_\_\_\_  
(Number and COMPLETE mailing address of applying Voiture)

\_\_\_\_\_  
(Checks must be payable to the Voiture and not to an individual, and complete mailing address of Voiture must be stated)

\_\_\_\_\_  
Voiture Child Welfare Chairman Telephone #

\_\_\_\_\_  
Chef de Gare Telephone #

\_\_\_\_\_  
Correspondant Telephone #

(Two signatures required.)

(When signed, forward to your Grand Correspondant.)

## Recommendation of Grand Correspondant

(If disapproval is recommended, a statement of the reasons, written on the back of this sheet or on a separate sheet, should be submitted. If partial disapproval is recommended, reasons should be set forth and the amount recommended stated.)

I have examined the foregoing application and recommend

Approval

Disapproval

\_\_\_\_\_  
Grand Correspondant

\_\_\_\_\_  
(Full address of Grand Correspondant)

\_\_\_\_\_  
(After Grand Correspondant has signed, form is to be mailed to Disbursement Board, 777 North Meridian Street, Indianapolis, Indiana 46204)

# INSTRUCTION FOR USE OF THIS FORM

Applicant Voitures must answer and furnish all information required by items 1 through 8 of this form. The Voiture Child Welfare Chairman and the Chef or Correspondant must sign on lines below item 8.

The Grand Correspondant must promptly complete the part of the form calling for his recommendation and mail the form to the Disbursement Board at the address shown in the form.

Attach additional sheets, if this space is insufficient. Also attach supporting letters from teachers, principals, doctors, welfare workers or others if they tend to support the application.

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Signature

Telephone #