VFW UNMET NEEDS PROGRAM APPLICATION FORM

All applications are individually reviewed on a case-by-case basis.
Submitting an application does not guarantee payment of funds.
The VFW reserves the right to make exceptions on a case-by-case basis.

Unmet Needs Eligibility Criteria:

YES **The service member has served Active Duty within the past three years prior to applying.**

YES **The hardship is primarily due to deployment or military service.**
- **Civil, personal, legal and domestic situations do not fulfill this requirement.**

YES **The applicant must be the service member listed or eligible to be listed as a dependent of the service member under DEERS. Other persons eligible to apply on behalf of the military family in need:**
- **VFW Personnel.**
- **Military Unit Point of Contact – Family Assistance Center Coordinator, Commanding Officer, Medical Hold Case Worker.**
- **VA Representative or VFW Service Officer assisting with a VA claim.**

Expenses Eligible for consideration of payment:

- **Household expenses – mortgage, rent, repairs, insurance.**
- **Vehicle expenses – payments, insurance, repairs (major repairs for vehicles over ten years old will not be considered).**
- **Utilities.**
- **Food and Clothing.**
- **Children's clothing, diapers, formula, school or childcare expenses.**
- **Medical bills, prescriptions & eyeglasses – the patient's portion for necessary or emergency medical care only.**

Expenses Ineligible for consideration for payment:

- **Credit cards, Military charge/debit cards, retail store credit cards.**
- **Personal, student or payday loans.**
- **Cable and internet and secondary phone.**
- **Cosmetic or investigational medical procedures and expenses.**
- **Taxes – property or otherwise.**
- **College Expenses.**
- **Furniture rentals.**
- **Any other expense not determined to be a basic life need.**

The eligible and ineligible expense lists are not all inclusive and each expense will be considered on a case-by-case basis. Payment will be made at the discretion of the approval committee. Payments are made directly to creditors.

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APPLICANT'S INFORMATION

*REQUIRED FIELD

NAME: BIRTHDATE:

ADDRESS:

CITY: STATE: ZIP:

COUNTRY:

PHONE: EMAIL:

RELATION: SOCIAL SECURITY NUMBER:

Excluding Military Member, please list all dependents residing in the home:

NAME: AGE: RELATIONSHIP:

NAME: AGE: RELATIONSHIP:

NAME: AGE: RELATIONSHIP:

NAME: AGE: RELATIONSHIP:

NAME: AGE: RELATIONSHIP:

MILITARY MEMBER'S INFORMATION

NAME: BIRTHDATE:

ADDRESS:

CITY: STATE: ZIP:

COUNTRY:

PHONE: SOCIAL SECURITY NUMBER:

Branch* Navy Status* Reserves Pay Grade/Rank*:

Home station unit or last unit if not currently active*

MILITARY SERVICE INFORMATION

☐ Y ☐ N Military member is currently active duty*. If NO, what is the approximate discharge date of last active duty service?

What was this period of active duty service for?

☐ Y ☐ N Military member is currently deployed is support of OEF/OIF*.

☐ Y ☐ N Military member is currently experiencing a service connected injury or medical emergency*.

MILITARY POINT OF CONTACT

*required field

First Name* Last Name* Rank/Title*

Relationship to the Military Member*:

- ☐ Member of Chain of Command-E8 or above
- ☐ Family Assistance Center
- ☐ VA Representative
- ☐ VFW Representative

Primary Phone*: _____

Alternate Phone: _____

Email*: _____

YES This person is aware of my situation and will provide written verification to Unmet Needs*.

FINANCIAL HARDSHIP

Eviction/Foreclosure has occurred or is scheduled to occur.
Approximate Date: _____

Utilities have been disconnected or are Scheduled for disconnect.
Approximate Date: _____

Repossession has occurred or is scheduled to occur.
Approximate Date: _____

FINANCIAL HARDSHIP

Please describe the expenses you need assistance with (i.e. Rent, utilities, medical expenses, food)*:

Please tell us the amount of funds needed/requested*: $ _____

Please describe why you are unable to meet this need on your own. Please explain if/how the military member's service affected this hardship*:

Please explain what action you have taken to resolve this hardship on your own, other than applying financial assistance*:

Please list the other agencies you are working with (i.e. VA, Salvation Army, local church)*:

INCOME

*required field

Military Member Monthly Income*:
$ _____

Spouse Monthly Income*:
$ _____

Additional Monthly Income*:

Type	Amount	Type	Amount
VA Benefits	$	Childcare Assistance	$
SSI/SSDI	$	Alimony	$
Welfare/TANF	$	Child Support	$
Food Stamps/WIC	$	Other _____	$
Unemployment	$		

MONTHLY EXPENSES

Complete all fields with an approximate monthly amount. Leave inapplicable fields blank.

Rent/Mortgage	$
Utilities	$
Phone 1	$
Phone 2	$
Phone 3	$
Cable	$
Internet	$
Vehicle #1	$
Vehicle #2	$
Insurance(s)	$
Vehicle(s) Fuel	$
Recreation Vehicle	$
Food	$
Household Items	$
Child Care	$
Child Support	$
Credit/Charge Cards	$
Loans	$
Student Loans	$
Savings	$
Other	$
Other	$
Other	$
Other	$
Other	$

Notes/Explanation:

Without a completed budget your Application will not be considered.

***This form must be signed and initialed and then faxed or mailed to our office.**

UNMET NEEDS TERMS AND CONDITIONS

Please complete all signatory blocks below and return immediately. This form is essential to the review and approval process. We want to emphasize that each application will be reviewed independently and each case will stand on its own merit.

____ I understand that proper stewardship requires I provide information to substantiate my request, including governmental records, price/income information, and medical information. This information will be kept confidential. I further indicate that if the request cannot be substantiated, it will not be possible to consider or approve it.

____ I agree to allow the Unmet Needs Program to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by Unmet Needs personnel.

____ I understand that the Unmet Needs Program elects to pay for approved merchandise or services directly. I will have thirty (30) days to redeem the merchandise, or the grant will be forfeited. I will be required to submit receipts for said merchandise or services.

____ I understand the primary purpose of the Unmet Needs Program is to meet immediate and urgent needs of the recently Active Duty Military, Reserve and National Guard personnel, and their immediate family members.

____ I understand that because demand is so great, I can only apply to the program once every eighteen (18) months, even if my application has been denied.

____ I agree to obey all the policies of the program and comply with any reasonable directions with respect to questions or concerns that may arise.

____ I understand that the Veterans of Foreign Wars may require that I submit to an interview, and may request to use my name and the particulars of the gift in press and promotional efforts. I understand that there is no promise of compensation for my participation. If I choose to maintain case confidentiality, it will in no way influence my application. The VFW may use my written statements and documentation enclosed as needed for these purposes.

Please initial your preference:

____ I am willing to be interviewed and featured in VFW news stories. I understand that any photos I provide to VFW become the property of VFW and may be used in fundraising or other publicity materials with no promise of compensation for participation.

____ I do not wish to be featured in any VFW or other publications.

____ I understand that the Unmet Needs Program is funded by public donations and success is based solely upon public support of the program. The Veterans of Foreign Wars, the VFW Foundation and and the Unmet Needs Program are not government funded.

____ I agree to hold the VFW Foundation, the Veterans of Foreign Wars of the United States, their officers, employees, agents, and sponsor harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss, or perceived loss, that may occur.

_____ Military Member/Applicant Signature

_____ Printed Name

_____ Date

Original - Unmet Needs 1 Copy - your records 1 Copy - each creditor

The following documents are enclosed with my application:

- ☐ DD-214 or Military Members most recent orders.
- ☐ A written statement from the Military Unit point of contact (member of Chain of Command, Family Assistance Center Representative, VA Rep or VFW Rep) that verifies the member's military status and financial hardship. This statement must be signed and dated by the Military Unit point of contact, and on letterhead if possible.
- ☐ Copy of the bills for which you are requesting assistance. This must include the account holder's name and the account number, as well as the creditor's name and phone number with area code. For assistance with repairs or other services, two different written estimates on company letterhead are required. (For example, if requesting assistance with rent, a copy of your lease agreement is required.)
- ☐ Faxed a copy of Terms & Conditions to creditors and made copy for self. In order for the Unmet Needs Program to verify your bills, you must contact your creditors and allow the Unmet Needs access to your account information.

If your application is received without all of the supporting documentation, it will be closed after (20) business days.

Supporting documentation may be mailed, faxed, or emailed to our offices.

Veterans of Foreign Wars

Attn. Unmet Needs Program

406 West 34th Street

Kansas City, MO, 64111

Fax: 816-968-2779

E-mail: unmetneeds@vfw.org

Website: www.vfw.org/military

Once we have received your completed application a representative may contact you to discuss the specifics of the case and/or to request additional information. This contact does not imply approval of your application.

The approval process normally takes twenty (20) business days.

We will contact you as soon as a final determination has been made in your case

Please Note: We are unable to respond to status check requests while your file is being processed. If you have not received contact from us after twenty (20) business days from submitting your application, please contact us.

Military Point of Contact Letter

This letter must be prepared by a Member of Chain of Command (E8 or above), Family Assistance Center Coordinator, Medical Hold Case Worker, VA Representative, or VFW Service Officer. The letter must verify the member's military status and financial hardship. This statement must be signed and dated by the Military Unit point of contact. Please feel free to attach any additional information that will help the Unmet Needs committee make a decision on this request.

Military Status

- o**The service member is currently active duty**
- o**The service member has served active duty within the past three years prior to applying.**
  SM was last active duty __/__/__.

Financial Hardship (is primarily due to)

- o **Deployment or military service**
- o **Military related injury (documentation required)**
- o **Civil Issues**
- o **Personal Issues**
- o **Legal Issues**
- o **Domestic Situation**

Current Pay Status

The service member is currently receiving: (check all that apply)

- o **Active Duty Pay**
- o **Incapacitation Pay**
- o **VA Benefits Disability Rating ___%**

The SM has applied/waiting for:

- o **VA Benefits** **Applied on: __/__/__.**
- o **Incapacitation Pay** **Applied on: __/__/__.**
- o **VOC Rehab** **Applied on: __/__/__.**
- o **ESGR Complaint** **Applied on: __/__/__.**

Additional Information: _____

_____

_____

_____

_____

_____

_____

Name (Please Print): _____

Signature: _____

Phone Number: _____

Title: _____