EARL GRAHAM POST 159 AMERICAN LEGION

VETERANS CRISIS ASSISTANCE FORM

One-time emergency financial assistance for eligible veterans

REQUIRED DOCUMENTATION: A copy of your DD Form 214 (Certificate of Release or Discharge from Active Duty) must be submitted with this application.

APPLICANT INFORMATION

Applicant Name _____ Telephone _____

Address _____ Email _____

City _____ State _____ Zip _____

Gender _____

VETERAN VERIFICATION & SERVICE

Verification of Veteran Status (check all that apply):

☐ DD Form 214 ☐ ID Card ☐ VA Eligibility Card ☐ Other

Branch of Service _____ Years Served (MM/YY – MM/YY) _____

HOUSEHOLD & SUPPORT

Household Members (list ages of minors) _____

Employer (Post 159 will not contact) _____

Other Organizations or Government Agencies Providing Assistance _____

MONTHLY HOUSEHOLD INCOME & EXPENDITURES

Net Wages $ _____ Food $ _____

SS / SSI $ _____ Rent $ _____

TANF $ _____ Utilities $ _____

Unemployment Comp $ _____ Fuel $ _____

Child Support $ _____ Child Support $ _____

Other Income $ _____ Other $ _____

TOTAL INCOME $ _____ TOTAL EXPENSES $ _____

ASSISTANCE REQUESTED (INDICATE AMOUNTS)

Utility $ _____ Food $ _____ Rent $ _____

Medical $ _____ Transportation $ _____ Clothing $ _____

Other (specify) $ _____

APPLICANT CERTIFICATION

_____ (initial) I understand that no money can be given directly to an individual. Payments must be made directly to the utility company, landlord, or business.

_____ (initial) I understand that this assistance is to help with a one-time crisis and that on-going or repeat assistance is not available from Earl Graham Post 159.

_____ _____ _____

Applicant Signature Printed Name Date

POST 159 VETERANS ASSISTANCE COMMITTEE APPROVAL

Committee Signature	Committee Signature	Committee Signature

Check # _____ Payee _____ Amount $ _____

The Veterans Crisis Assistance Program is provided by Earl Graham Post #159 American Legion with additional financial support from Unit 159 American Legion Auxiliary and Brazos Valley Cares, Inc.