



The American Legion Department of Wisconsin Veteran Assistance Application

Date: _____

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

Name: Last: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____ Date of Birth: ____/____/____

Married (Y or N) Name of Spouse: Last: _____ First: _____

Children Names/Ages: _____

MILITARY HISTORY TO INCLUDE VA AND SOCIAL SECURITY STATUS

(Circle Service) Active Reserve National Guard Current Rank: _____

Branch of Service: _____ All Dates of Service: _____

POC if currently serving in the Armed Forces: Unit & Phone _____

Please attach a copy of any Military Discharge(s) (Example: DD 214) for verification of service.

Discharge Date: _____ Discharge Type: _____

Are you a member of any veteran service organization? (Y or N) If yes, of which organization(s) are you a member: _____

Are you receiving VA Disability? (Y or N) if yes at what amount: _____

Are you receiving Social Security Disability? (Y or N) if yes, what do you receive monthly: \$ _____

** We are Veterans serving Veterans and would appreciate a donation if you are happy with our support**

MILITARY MEMBER'S EMPLOYMENT INFORMATION

Employed (Y or N) list last or current employer name and phone: _____

If unemployed are you drawing unemployment insurance at the present time? (Y or N)

If yes, how many months drawn to date: _____ how many remaining: _____

SPOUSE/FAMILY

Is spouse a veteran (Y or N) if yes do they draw any type of disability on a monthly basis? (Y or N)

Spouse employed (Y or N) Employers Name: _____ Phone: _____

Monthly current Salary after taxes: _____ If unemployed is the spouse drawing unemployment insurance? (Y or N)

Current total monthly household income after taxes including spouse if applicable: \$ _____

REASON WHY ASSISTANCE IS NEEDED

*** (Be complete and specific. If more space is needed, continue on separate sheet) ***

LIST YOUR SPECIFIC EMERGENCY FINANCIAL NEEDS

AMOUNT OF EACH

*** (Do not list any type of Phone, Cable or Internet expense) ***

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If interested in free financial counseling then initial here: _____ all information disclosed is confidential.

Have you ever filed for and been granted any type of bankruptcy?

(Y or N) if yes, date approved: _____

Have you applied for or received financial assistance pertaining to this claim from any other agency?

(Y or N) If yes, please give name (s) and Phone number (s): _____

The following are possible points of contact for assistance:

- VA Homeless Veteran Hotline Open 24/7 <http://www.va.gov/HOMELESS/NationalCallCenter.asp>

Name: _____ Phone: 1 (877) 424-3838

NOTES: _____

- Family Assistance Center (FAC) is Open 24/7 for your convenience <http://wisconsinmilitary.org>

Name: _____ Phone: 1 (800) 292-9464

NOTES: _____

- Military One Source is Open 24/7 for your convenience <http://www.militaryonesource.com>

Name: _____ Phone: 1 (800) 342-9647

NOTES: _____

- County Veteran Service office (CVSO), search website for your county office <http://www.wicvso.org>

Name: _____ Phone: _____

NOTES: _____

Request Submitted by: Name _____ Signature _____

Submit to: The American Legion Assistance Office
6317 W. Greenfield Ave.
Milwaukee, WI 53214
Phone: (414) 257-4111
Attn: Tim Baranzyk
baranzyk6768@gmail.com

Staff use only:

Date to Committee _____ Tracking number assigned _____ Initial _____

The American Legion, Department of Wisconsin's Veterans Assistance Fund offers temporary assistance to our active duty soldiers, veterans and their families. This is a non-budgeted restricted purely donation fund. Every penny donated to this fund is used to support active duty soldiers, veterans and their families. Any administrative costs are covered by The American Legion, Department of Wisconsin.

MISSION

- That every eligible soldier receives support from The American Legion, Department of Wisconsin.
- That the families left behind are taken care of.
- That every Wisconsin veteran returns home to a community of active support.
- That every Wisconsin veteran receives the help they need to enhance his or her everyday life.

GUIDELINES

- The Wisconsin American Legion's Veterans Assistance Fund (VAF) fund will be administered through the Department's Veterans Assistance Fund Committee (VAFC).
- The "Goal" of the VAF fund is to offer temporary assistance to our active duty soldiers, veterans and their families, and to assist with our National Headquarters "Operation Outreach" program.
- The VAFC will review all requests on a case-by-case basis.
- The VAFC will confirm the need for family assistance and will forward it as appropriate.
- The VAFC will approve requests for assistance by a simple majority of votes of its members.
- In the event the VAFC is unable to act within 48 hours, the request shall be deferred to the Department Commander for action.

Donations should be directed to:

The American Legion, Department of Wisconsin
Veterans Assistance Fund
P.O. Box 388
Portage, WI 53901-0388