



# The American Legion Department of Wisconsin Troop & Family Support 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 N- Name of Spouse: Last: \_\_\_\_\_ First: \_\_\_\_\_

Children Names/Ages: \_\_\_\_\_

### MILITARY HISTORY TO INCLUDE VA AND SOCIAL SECURITY STATUS

(Check One) 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 your DD214 for verification of service.

Discharge Date: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

Are you a member of any veteran service organization? Y N- If yes then which organization(s) are you a member of: \_\_\_\_\_

Do you have any type of VA Disability Rating? Y N- if yes at what rate: \_\_\_\_\_%

Do you receive Social Security Disability? Y 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 N- list last or current employer name and phone: \_\_\_\_\_

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

If yes, how many months drawn to date: \_\_\_\_\_ how many remaining: \_\_\_\_\_

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

**SPOUSE/FAMILY**

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

Spouse employed Y N- Employers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly current Salary after taxes: \_\_\_\_\_ If unemployed is the spouse drawing unemployment insurance? Y N

**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 N- if yes, date approved: \_\_\_\_\_

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

Y N- If yes, please give name (s) and Phone number (s): \_\_\_\_\_

**Please contact the following organizations and ask for assistance before submitting this application to The American Legion, Department of Wisconsin:**

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

Name: \_\_\_\_\_ Phone: 1 (800) 292-9464 Opt 1

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), 1-(844) 947-2876 or search website for your county office <http://www.wicvso.org>

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTES: \_\_\_\_\_

Request Submitted by: Name \_\_\_\_\_ Signature \_\_\_\_\_

**Submit to: The American Legion Service Office**  
**5400 W. National Ave. #164**  
**Milwaukee, WI 53214-3461**  
**Phone: (414) 902-5722**  
**Fax: (414) 902-9401**  
[al.vbamiw@va.gov](mailto:al.vbamiw@va.gov)

The American Legion, Department of Wisconsin's Troop and Family Support fund offers temporary assistance to active duty members, qualifying veterans and their immediate families. This is a non-budgeted restricted fund supported by donations from both our members and the public. Every penny donated to the fund is used to support active duty members, qualifying veterans and their immediate families. Any administrative costs are covered by The American Legion, Department of Wisconsin.

### **MISSION**

- That every eligible Wisconsin soldier and veteran receives support from The American Legion, Department of Wisconsin.
- That the Wisconsin soldier's families left behind are taken care of.

### **GUIDELINES**

- The Wisconsin American Legion's Troop and Family Support (TFS) fund will be administered through the Department's National & Homeland Security Committee (NHSC).
- The "Goal" of the TFS fund is to offer temporary assistance to our active duty members, qualifying veterans and their immediate families, and to assist with our National Headquarters "Operation Outreach" program.
- The NHSC will review all requests on a case-by-case basis.
- The NHSC will confirm the need for family assistance and will forward it as appropriate.
- The NHSC will approve requests for assistance by a simple majority of four (4) votes of its members.
- In the event the NHSC 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  
P.O. Box 388  
Portage, WI 53901-0388