



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) ***

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

Are you interested in American Legion membership? _____

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): _____

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

Contact the following organizations, ask for assistance, and detail the responses below prior to submitting this application to The American Legion, Department of Wisconsin:

➤ Heat and Housing For Heroes <https://heat4heroes.org/Apply-For-Assistance>

Name: _____

Phone: 1-800-891-9276

NOTES: _____

➤ Military One Source is Open 24/7 - Added Resources <http://www.militaryonesource.mil>

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

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