

Cooking for Long Island Veterans



Veteran's Assistance Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Date of Birth: ___/___/___ Phone: _____

Email: _____ Emergency Contact Name and Phone: _____

Military Service

Service Dates From: ___/___/___ To: ___/___/___

Spouse of deceased Veteran: We Can NOT Guarantee spouses meals _____
MUST PROVIDE DD214 and/or PROOF of Veteran service and years served

Explanation of Assistance Request

Please explain the reason for the assistance: Medical/Financial/other:

PLEASE NOTE

For those individuals with a yearly income of \$28,000 or more or those having over \$25,000 in assets (not including your home) a WEEKLY donation of \$20 per person is requested to offset Cooking for Long Islands operating expenses. We have many, many expenses including insurance, utilities, cleaning, storage, repairs, containers, supplies and so on. Please consider telling potential donors and your family about CFLIV.

If you are claiming financial hardship and will not be able to make the \$20 minimum donation, please provide a copy of your last tax return or proof of award.

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How many people are you requesting assistance for? _____

Do you have a VA or County Social/Case Worker? _____ Name/Number _____

Do you make over \$28K a year? _____

Do you have more than \$25,000.00 in assets (Not including your home)? _____

Do you receive food assistance from other programs? _____

Would you like to make your donation by cash_____ check_____ Credit Card_____ Venmo_____

Veteran Information Sheet

In order to better assist you please let us know about the following:

Do you need delivery to your home?

Do you have friends/family that can PICK UP your assistance package: _____

Do you have mobility issues such as a wheelchair or cane? _____

You MUST be home for delivery!!! We will not leave food outside your door. _____

Does your home have a lot of stairs, a gate or any entrance notes? _____

I understand that I need to notify CFLIV if I go into the hospital or on vacation _____

Are there any foods you don't eat? _____

Are you able to receive text or email: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____

FOR INTERNAL USE

Application Approved or Disapproved:

Delivery start date: _____