

# 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: \_\_\_/\_\_\_/\_\_\_

MUST PROVIDE DD214 or other form of proof of veteran status

### 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 \$30 ( minimum) **per person** is requested to offset Cooking for Long Islands operating expenses. We have many, many expenses including insurance, utilities, cleaning, storage, repairs, containers and supplies. Please consider telling potential donors about CFLIV.

If you are claiming financial hardship and will not be able to make the \$25 minimum donation, please provide a copy of your last tax return and all other income verifications.

### Veterans Assistance Application Page 2

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? \_\_\_\_\_

MUST PROVIDE INCOME TAX returns IF YOU ARE CLAIMING YOU CAN NOT MAKE DONATION

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

Do you receive food assistance from other programs? \_\_\_\_\_

Will 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? \_\_\_\_\_

Please understand items WILL NOT be left at your door ! You MUST BE HOME \_\_\_\_\_

Does your home have a lot of stairs? \_\_\_\_\_

Does your home require access through a gate? \_\_\_\_\_

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: \_\_\_\_\_