

# Cooking for Long Island Veterans



## Veteran's Assistance Application.

Please review the application, this meal program is for Veterans and First Responders who have limitations in being able to leave their home to shop or cook. This is not a program solely for financially needy clients.

If you are the sole caretaker of a spouse who cannot easily leave, this WILL qualify you.

We do not deliver when no one is home and we do not deliver unless we have a completed 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:

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Please list a MD. DR. or other health professional who can verify you are limited in traveling.

### PLEASE NOTE

For those individuals with a yearly income of \$28,000 or more or those having over \$20,000 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 \$30 minimum donation, please provide a copy of your last tax return and all other income verifications.

### Financial Vetting

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 OR AWARD LETTER

IF YOU ARE CLAIMING YOU CAN NOT MAKE DONATION

Do you have more than \$20,000.00 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:

Is there anyone that can pick up your meal box ?  
\_\_\_\_\_

Please explain the mobility issues such as a wheelchair, cane, cognitive impairments, catheter. ? \_\_\_\_\_

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

Is there more than one way to enter your home ? Which entryway should we use.  
\_\_\_\_\_

Is there an access code/ gate? \_\_\_\_\_

Please understand that we do not offer choices, but if there are foods you do not eat due to religious reasons we will try and leave those out of the delivery.  
\_\_\_\_\_

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:*

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Delivery start date: \_\_\_\_\_