

**Support the Troops**



**Minnesota**

**SUPPORTTHETROOPSMN.ORG**

# Financial Aid Request Process

# Support the Troops MN

- **Our Mission:**

*Helping our Military Past, Present and Future by providing rapid response emergency aid to our MN military heroes in times of need due to their selfless sacrifice to our great nation.*

- **Who we are:**

- Founded in 2006 by a retired Army veteran that had a vision to help our soldiers here at home.
- We grew into a small group of volunteers that raise funds for this cause by hosting charitable fundraising events throughout the year.
- All revenue goes back to our fund to cover operating expenses of our events and emergency aid to donation requests.
- We established our 501(c)(3) status in 2015.

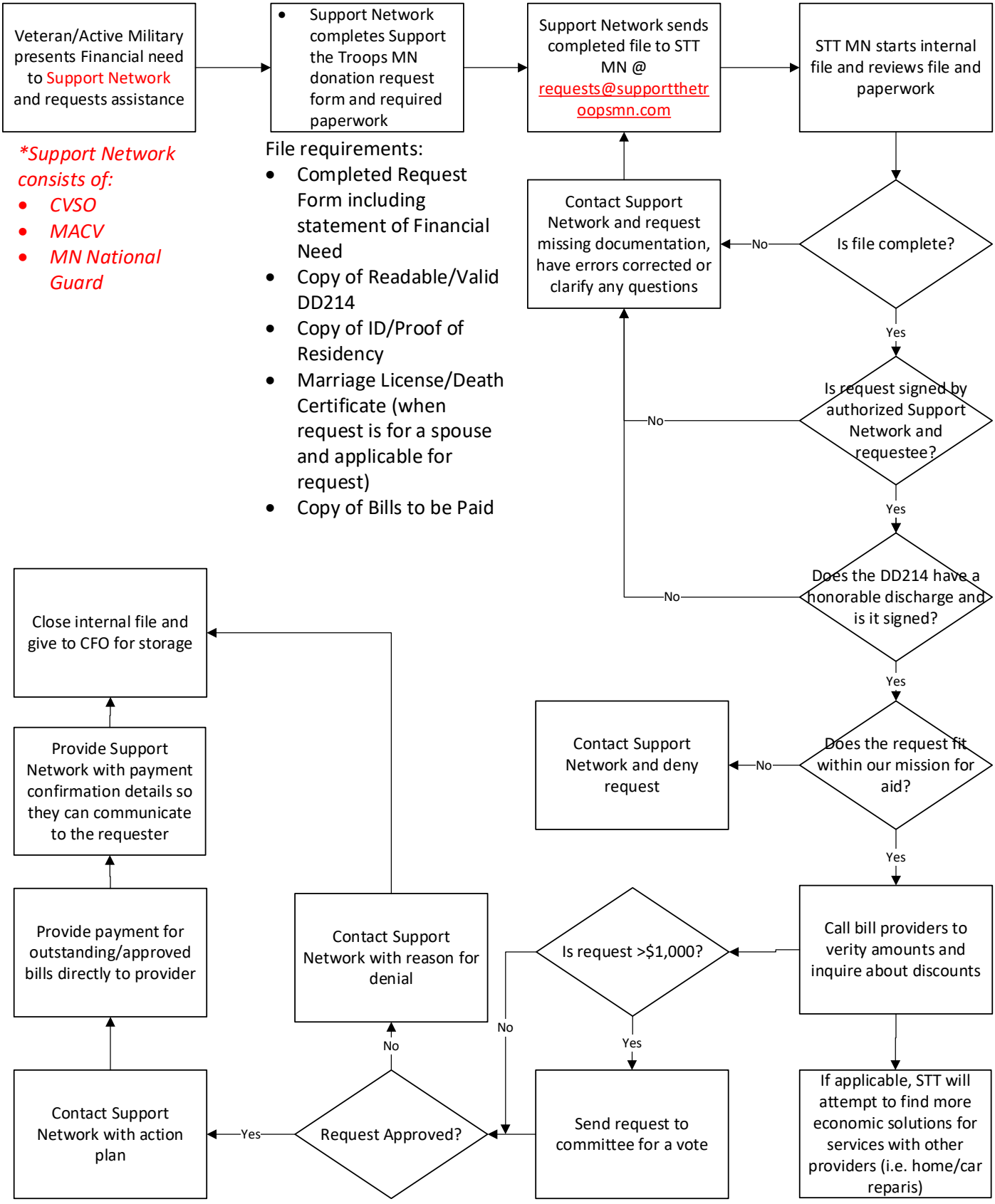
- **How we contribute:**

- Our goal is to support all counties in the state of MN.
- We want to grow our relationship with the CVSO offices, MACV and the National Guard to provide aid to requests meeting our guidelines.
- Our procedure for aid request is found on the next pages including:
  - Overall request process
  - Guidelines for aid
  - Request form

- **How to contact us:**

- Email us at [requests@supportthetroopsmn.com](mailto:requests@supportthetroopsmn.com)
- Your request will be reviewed as quickly as possible, with a committee member responding to you on next steps.
- You can visit our website and FB pages to keep up on activities and fundraising efforts:
  - [www.supportthetroopsmn.com](http://www.supportthetroopsmn.com)
  - FB – Support the Troops MN

# Support the Troops MN – Process for Financial Aid Request



*\*Support Network consists of:*

- CVSO
- MACV
- MN National Guard

**File requirements:**

- Completed Request Form including statement of Financial Need
- Copy of Readable/Valid DD214
- Copy of ID/Proof of Residency
- Marriage License/Death Certificate (when request is for a spouse and applicable for request)
- Copy of Bills to be Paid

## Aid Request Requirements and Guidelines for Approval

- Must be proven member of the military, if veteran status, must have a honorable discharge with a readable copy of a valid DD214
- Must reside in the state of MN, with copy of valid proof of MN address (DL or State ID)
- Must meet the financial statement of need requirements:
  1. Outstanding cost incurred was due to financial hardships outside of requester's control
  2. Current funds available do not cover the cost incurred or,
  3. Self pay of debt would not allow bills to be paid for basic cost of living (housing/utility/food)
  4. Payment of debt would allow requester to improve current living conditions and provide short-term economic relief
- Must be committed for a long term solution for financial stability
- Copies of quotes/bills for payment must be legible with account numbers
- Requests may be granted in full or partial amounts based on funds available

### Types of Aid Request Offered and Guidelines:

Rent/Mortgage/  
Temporary Housing or  
Utility Payments

- Payments must get requester in good standing with mortgage company/ landlord or utility company.
- If rent/mortgage payments will still lead to eviction of requester, funds will not be covered.
- Temporary housing (hotel) will be offered in situations where the requester is currently without any other housing options. This is a short-term solution and a long-term plan must be in development with the Support Network.

Home/Car Repairs

- Home repairs must be necessary and contribute to a safe living environment for the requester. This should not be cosmetic in nature.
- Home repairs are for the primary residence only.
- Car repairs should contribute to basic safe operation of a vehicle needed to contribute to the basic daily needs of requester.
- STT will attempt to find more economic providers/solutions for requester and a different provider may be used for repairs other than submitted quote.

Medical/Dental Bills

- Medical/dental bills should be covered by veteran/insurance benefits. Bills should be within the VA network. If out-of-network, this will be reviewed on a case-by-case situation.
- Payment plans set up with providers that have monthly payments in place will not be considered as these are not deemed "rapid response emergency aid" per our mission statement.

Service Animals

- Requests for assistance to acquire a service animal/train a service animal will be considered provided the need for the animal is valid.
- Medical assistance for service animals with proof of necessity will also be considered.

Other

- Funeral assistance will be reviewed after a review of military benefits.
- Food requests will be considered. Requests approved will be provided through delivery of groceries to the home address or grocery store gift cards.
- Credit card bills will not be considered.
- Other requests will be considered with an explanation in the financial statement of need
- Requests that do not support the basic living needs of the requester will be denied.



# Support the Troops MN (47-1293645) Aid Request

\*Return completed form and supporting documents to:  
*requests@supportthetroopsmn.com*

Date of Request: \_\_\_\_\_ Donation Needed By: \_\_\_\_\_

## Support Network Information:

Support Network Requesting Assistance:  CVSO  MACV  National Guard

MN County/City requesting aid: \_\_\_\_\_

Support Network Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## Requester Asking for Assistance Information:

Active Military Member

Veteran

Active Military Family

Veteran Family

If Family, number of total members in family: \_\_\_\_\_

Requester Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Social Security number (last 4 digits): \_\_\_\_\_ Gender:  M  F

Is Proof of MN Residency included?  Yes  No

Military Service/Affiliation Background:

Branch: \_\_\_\_\_ Years Served: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Is a valid DD214 included in request:  Yes  No

Was Veteran Honorably Discharged?  Yes  No

**Request for Aid:**

*Please list providers that requester owes debt to, including name of provider, amount owed and a brief explanation of why the debt was incurred. If request is for payment for more than 3 providers, please include an extra page explaining the need for more payments. Copies of all bills owed/quotes given should be included in the request. Copies should be legible and include the account number and payment information.*

Provider #1: \_\_\_\_\_ Amount: \_\_\_\_\_

Reason for debt with provider: \_\_\_\_\_

\_\_\_\_\_

Provider #2: \_\_\_\_\_ Amount: \_\_\_\_\_

Reason for debt with provider: \_\_\_\_\_

\_\_\_\_\_

Provider #3: \_\_\_\_\_ Amount: \_\_\_\_\_

Reason for debt with provider: \_\_\_\_\_

\_\_\_\_\_

**Financial Statement of Need:**

*Please provide a brief overview of what the requester’s financial situation is including: current funds and situation and why debt occurred.*

Background of Financial Need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does requester have long-term plan in place to avoid short-term emergency need moving forward (i.e., financial counseling, job placement, additional income source, etc.):

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*For Support the Troops Administration use only:*

Request #: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Approved:  YES  NO

Total Amount Approved: \_\_\_\_\_

Bill Pay #1 Completed to (Provider): \_\_\_\_\_

Bill Pay #1 Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

Bill Pay #2 Completed to (Provider): \_\_\_\_\_

Bill Pay #2 Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

Bill Pay #3 Completed to (Provider): \_\_\_\_\_

Bill Pay #3 Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

STT Approver: \_\_\_\_\_ Date: \_\_\_\_\_

STT CFO: \_\_\_\_\_ Check #: \_\_\_\_\_