



Veteran's Response Team

APPLICATION FOR ASSISTANCE

The Veteran's Response Team is a joint effort between American Legion Post 84, DAV Chapter 15, VFW Post 7720 and VFW Auxiliary Post 7720. Each organization has adopted the process of ALL requests for assistance to be routed through the Veteran's Response Team. Request made to individual organizations will not be honored. Requests can be made ONCE a year.

Date of Application: _____ **Date of Birth:** _____

Full Name: _____ **Social Security #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Home #: _____ **Cell #:** _____ **Email:** _____

Marital Status: (circle one) Single Married Divorced Widow/Widower Separated

Spouse's Name: _____ **Cell #:** _____ **# of Children:** _____

Status: (circle one) Veteran Widow/Widower of Veteran Family of Veteran

Branch of Service: _____ **Service Dates:** _____ **Gender:** Male Female

Service Requested: (circle)

Food Shelter Handyman Utilities Transportation Service Officer

Additional Details:

ADMINISTRATION USE ONLY

RECEIVER: _____

VERIFIER: _____

APPROVED: Y OR N

TEAM LEADER: _____

ADMIN: _____

DATE CLOSED: _____

SO: _____