DTOM 22/0 Foundation, 13952 387th Ave, Warner, SD. 57479  
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**Policy: 03\_22\_2023\_010  
Name: Veteran Service Pre-Approval Form and Process  
Date: 03\_22\_2023**

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**Purpose:**

The purpose of this policy is to ensure that Veteran Service Requests are pre-approved prior to payment by the Executive Board of Directors if the request is over 1000.00. This policy will help streamline financial expenditures in accordance with budget analysis and approval or adjustment processes.

**Definitions:**

The definition of Veteran Service Requests are described below:

1. Housing Assistance: When a veteran needs help paying rent, their mortgage, property taxes/insurances in the event of an emergency such as job loss, medical emergency and unable to work for a period of time, relocation due to fire or other disaster. To qualify for housing assistance the veteran must provide a bill that shows delinquency or termination of housing, and will only receive 30 days of assistance (1 month of assistance). Other local resources such as the SD Housing Authority, Job Placement Services, and other agencies will be contact to help if more than one month of services is needed. The maximum amount approved for 30 days of assistance is not to exceed 1000.00, per veteran, per year. If the veteran needs further assistance in the event of emergency, fundraising options, a sponsor or other financial resources must be sought and obtained if possible. The Executive Board will evaluate each situation. The Rental contract must be in the veteran’s name, or their spouses name).

1. Utility Assistance: When a veteran needs assistance paying the light, gas, power, water, sewer, phone bill in the event of an emergency such as job loss, pay cuts or medical emergency and is unable to work for a period of time. (Utilities must be in the veteran’s or their spouses name).
2. Transportation Assistance: When a veteran does not have viable or safe transportation to and from work, or appointments. The DTOM Veterans Ranch can provide transportation within the state of SD or if transporting the veteran to an out-of-state facility, or locate viable transportation through DAV or other organizations that provide safe transportation services.
3. Vehicle Repairs: When a veteran needs emergency safety repairs to their vehicle, such as brakes, clutch, engine, transmission beyond the normal wear and tear items, and when the vehicle is their primary mode of transportation. (If the veteran has a second vehicle, vehicle repairs will not be approved). The vehicle must be in the veteran’s name or titled to the veteran or spouse.
4. Food Assistance: When a veteran needs emergency food due to job loss, pay cut, medical emergency, homelessness, or other situation that prevents the veteran from purchasing food. Veterans can enroll in our monthly food box program and must show proof of income, bills or financial commitments or insecurity prior to being approved for this program.
5. Clothing Assistance: When a veteran is in need of basic clothing items due to homelessness, fire or disaster, job loss, pay cut, medical emergency, homelessness, or other situation that would prevent them from being able to purchase basic clothing such as socks, underwear, t-shirts, pants, winter items.
6. Medical Equipment Assistance: When a veteran is in need of emergency disability-related equipment such as undergarments, canes, walkers, ramps, wheel chairs, oxygen-related equipment, and is unable to afford them, or it is taking too long to receive these items from VA or Disability Services.
7. Basic Necessities Assistance: When a veteran is in need of razors, toothpaste, toothbrush, deodorant, foot products, hygiene products or other basic necessities due to disaster, fire, homelessness, unemployment, or other emergency event that prevents the veteran from obtaining basic necessities to thrive or maintain proper hygiene.
8. Job Placement Assistance: When a veteran is in need of locating employment, help applying for jobs, help writing a resumes or obtaining education for a specific job.
9. Eligible Veteran: A veteran member of the armed services (active, guard, reservist) who carries an eligible VA I.D. Card, receives V.A. Disability Services, or V.A. Benefits.

**Policy Statement:**

Veterans can apply for assistance at any time. In order to qualify for assistance the veteran must have a valid Veteran I.D. Card or Dependent Card, and present proof of need such as an estimate, bill, notice of termination, or physical need such as homelessness. Veterans will fill out the attached form and it will be sent to the Executive Board for pre-approval, returned with conditions, or denied in requests over 1000.00. Local resources must be evaluated and identified in each situation to determine if other state or federal entities can also assist the veteran (VA, SSD, SSDI, Disability Services, Housing Authority, Human Services, or other organizations that provide assistance to people in need). Each Executive Board Member will have a chance to review each situation and provide feedback on approval, denial, ore met with conditions in amount requests over $1000.00.

A copy of the Veteran’s I.D. Card must be obtained (Front and back), and proof of the need, (Bill, Estimate, Notice of Termination), and a receipt where DTOM has paid for the request directly to the vendor or a direct purchase by DTOM). Veterans who are denied for service must have a written explanation documented in their file, and proof of resources given to them to seek further help beyond DTOM’s capabilities. The Executive Board members have 24 hours to review each case, and in the event of an emergency request the CEO and 1 Executive Board member can make the approval and update the Executive Board within the same, or next business day (for after hour emergencies).

**Procedures:**

Step 1: A copy of the Veteran’s I.D. Card must be obtained (Front and back), and added to Veteran’s File.

Step 2: The Veteran must fill out this form

Step 3: The Veteran must submit proof of the need such as: (Bill, Estimate, Notice of Termination),

Step 4: The intake employee then submits the request and proof to the Executive Board for pre-approval   
 in amounts that exceed or are expected to exceed 1000.00.

Step 5: The Executive Board has 24 hours to provide approval, met with conditions, or a written denial   
 with explanation.

Step 6: If the request is approved, DTOM will then pay the bill directly, purchase necessities directly (no   
 cash, checks, or gift cards will be given directly to the Veteran.

Step 7: DTOM must obtain a receipt for the purchase and attach it to the copy of the I.D. Card, and   
 request form, and placed in the veterans file.

Step 8: Veterans who are denied for service must have a written explanation documented in their file,   
 and proof of resources given to them to seek further help beyond DTOM’s capabilities

Step 9: A follow-up appointment will be conducted within 30 days for each veteran receiving any type   
 of assistance to ensure the veteran is on the right track in regards to health, safety, and well-  
 being.

\*\*\* Out-of-State transports to mental health facilities or medical facilities in the event of an emergency only need to be approved by the onsite Doctor at DTOM and the CEO. If Law Enforcement is needed to do an escort, the Executive Board will be immediately updated. \*\*\*

**Application Audience:**

This policy and procedure applies to all eligible veterans needing emergency assistance, the Executive Board Members, Employees, Volunteers, or third-party contractors providing assistance to veterans in our programs or receiving services from the DTOM Veterans Ranch.

**Contact Information:**

If you have any questions regarding this policy or procedures, please contact:

Dr. Tracy Diefenbach, MRMS Founder  
President  
DTOM Veterans Ranch

Warner, SD. 57479

**Veteran Service Pre-Approval Form\_2023**

|  |  |  |
| --- | --- | --- |
| Veterans Full Name: (Last, MI, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_ | | |
| Permanent Resident Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Veteran ID Verified: Print Copy for Records (Front and Back) | | Yes: \_\_\_\_\_\_. No:\_\_\_\_\_\_\_ |
| Branch of Service: \_\_\_\_\_ Army. \_\_\_\_\_ Marines \_\_\_\_\_ Air Force \_\_\_\_\_\_ Navy \_\_\_\_\_\_ Coast Guard  \_\_\_\_\_ Space Force. \_\_\_\_\_ Active Duty. \_\_\_\_\_ Guard. \_\_\_\_\_\_ Reserve | | |
| Veteran Date of Birth:  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  MM. DD. Year. | VA Disability Eligible: Y /N \_\_\_\_  VA Disability Percentage: \_\_\_\_\_ | VSO Contact Information  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_ |
| SSI or SSD Eligible: Y/ N \_\_\_\_\_ | SSI or SSD Percentage: \_\_\_\_\_\_\_ | Veteran Contact Number:  (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date When Funds are Needed:  \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | Amount approved: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Conditions of the approval:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Veteran Service Request Category (Please Choose the reason for request of services, and attach proof of need I.e. Bill, Estimate, other). The Pre-approval will not go through review without proof of need.  \_\_\_\_ Housing Assistance (Rental, Mortgage). \_\_\_\_ Automotive Repair. \_\_\_\_ Job Placement \_\_\_\_ Utility Assistance \_\_\_\_ Clothing Assistance. \_\_\_\_ Medical Equipment  \_\_\_\_ Transportation Assistance. \_\_\_\_ Food Assistance. \_\_\_\_ Necessities  Describe Need in Writing: Emergency (Y/N): \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Pre-approval must be agreed upon by the Executive Board Members before bills or assistance can be approved for payment**. (If the amount requested is over $1000.00).  \_\_\_\_\_ Justin Feickert: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_  Notes or concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ Grant Seaman : Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_  Notes or concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ John Harper: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_  Notes or concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ Dustin Maier: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_  Notes or concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ Chris Reder: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  Notes or concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ Dr. Tracy Diefenbach: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  Notes or concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |