



## NJ Veterans of Foreign Wars Veterans Assistance Program

Today's Date: \_\_\_\_\_

Veterans Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Best number to contact you: \_\_\_\_\_

*Proof of Honorable Service:*

WD 53-55/Nav Form 553 \_\_\_\_\_

DD-214 \_\_\_\_\_

Other \_\_\_\_\_ Discharged Used \_\_\_\_\_

Member of the VFW Y / N Post \_\_\_\_\_ Card # \_\_\_\_\_

Assistance Needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Committee Approved \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

Who is check payable to: \_\_\_\_\_

Committee Denied/Reason \_\_\_\_\_

This completed form is to faxed to 609-393-3031 Attn: Ken Hagemann OR 856-232-1836 Attn: Bob Jonas  
This form can also be emailed to [kenh@nrvfw.com](mailto:kenh@nrvfw.com) OR Mailed to: NJVFW Dept Hq,

Attn: Ken Hageman  
171 Jersey St.  
Trenton NJ 08611