AMERICAN MILITARY FAMILY VETERAN ASSISTANCE AGREEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand, acknowledge and agree that in consideration for American Military Family, (“AMF”) providing me with Veteran Assistance, I have certain obligations and commitments to AMF as set forth in this Agreement.

AMF, in its discretion, provides any one or any combination of the following Veteran Assistance Services and you have applied for one or more of the following depending on your particular needs:

* Crisis Emergency Financial Assistance
* PTSD treatment[[1]](#footnote-1)
* Hyperbaric Chamber Treatment[[2]](#footnote-2)
* Assignment of a Veterans Advocate to assist you with VA eligibility benefits
* Financial planning/budgeting classes
* Job reintegration training

In return for AMF agreeing to provide me with one or more of the Veteran Assistance Services outlined above I agree as follows:

1. TRUST

AMF and I are entering into this contract based upon principles of trust and full disclosure. AMF needs to trust that I am making full and honest disclosures about my current situation and needs and that I will follow through with its programs and maintain my commitment to the terms of the Agreement. Any breach of this trust will be regarded as a breach of this Agreement.

1. CRISIS EMERGENCY FINANCIAL ASSISTANCE

In the event AMF is providing me with financial assistance,

* 1. I represent and warrant that the financial assistance is for a bona fide crisis, or emergency for me and/or my family, such that without the financial assistance either I or my family would face extreme adverse consequences, including, but not limited to, being evicted from our place of residence or having no food, shelter or other basic life necessities.
  2. I understand and agree that I must attend and complete Financial Planning/Budgeting Classes as directed by AMF.
  3. I understand and agree that I must demonstrate, to the satisfaction of AMF, my 100% good faith commitment to use the Crisis Emergency Financial Assistance to improve the financial condition of both myself and my family and to strive toward a self-sustaining and health life style for myself and my family.
  4. I understand and agree that my receipt of Crisis Emergency Financial Assistance is a one-time opportunity and once received, I may not return to AMF and seek any further financial assistance in the future.
  5. I understand and agree that I must accept phone calls and/or agree to attend meetings with AMF to discuss any financial issues or needs I may be experiencing and to discuss any financial successes or failures I am experiencing.
  6. I understand and agree that in the event AMF discovers that I have deliberately made material misrepresentations to AMF in order to obtain financial assistance, or have otherwise failed to carry out one or more of my duties, obligations and representations set forth herein, then in such event I will, upon demand from AMF, immediately reimburse any financial assistance money provided to me by AMF.[[3]](#footnote-3) In the event I fail or refuse to comply with my obligation to reimburse the money, I understand and agree that AMF may

pursue legal remedies against me to recover its money.

1. PTSD TREATMENT AND/OR HYPERBARIC CHAMBER TREATMENT

In the event AMF has made arrangements to provide me with PTSD treatment and/or Hyperbaric Chamber Treatment (“Treatment”),

* 1. I understand and agree that if AMF is paying for any or all of the Treatment, I must successfully complete all recommended Treatment.
  2. I understand and agree that I must accept phone calls and/or agree to attend meetings with AMF to discuss any non-medical issues or needs I may be experiencing and to discuss any non-medical successes or failures I am experiencing as it relates to my Treatment
  3. I understand and agree that if I should fail to successfully complete all recommended Treatment, I will, upon demand from AMF, immediately reimburse any financial assistance money provided by AMF for my Treatment. In the event I fail or refuse to comply with my obligation to reimburse the money, I understand and agree that AMF may pursue legal remedies to recover its money.

I HAVE CAREFULLY READ THE AGREEMENT AND FULLY UNDERSTAND MY OBLIGATIONS AND COMMITMENTS TO AMF AS SET FORTH IN THIS AGREEMENT.

Signature: Date:

1. If deemed necessary by your PTSD treatment counselor, you shall attend a minimum of six (6) sessions. [↑](#footnote-ref-1)
2. Provided at the Rocky Mountain Hyperbaric Chamber Treatment Center [↑](#footnote-ref-2)
3. This includes veteran’s obligation to reimburse any Crisis Emergency Financial Assistance money paid to a third party on the veterans behalf, (i.e. paid to third parties for such things as rent, utilities, transportation expense, or other services.) [↑](#footnote-ref-3)