



Pickens Post 149 Veteran Assistance Form

1. Verify Veteran Status
Method of Verification:

- a. DD-214 _____
- b. GA Veteran Driver's License _____
- c. VA Registration ID _____
- d. DOD ID Card _____
- e. Other (describe)

_____ / _____
 Date PRINTED Name of Validating Officer & Initials Initials

2. Has veteran contacted a local Partner Organization (VFW/NGVHV/DAV/MCL)
 _____ / _____. If yes, which agency and when? _____ / _____.
 Yes No Agency Date

3. Has veteran received aid from Pickens Post 149 or a local Partner Agency in the
 past?
 _____ / _____. If yes, which agency, amount and when? _____ / _____ / _____.
 Yes No Agency. Amount Date

4. Has veteran registered with the VA for benefits?
 _____ / _____. If no, do they want too? _____ / _____.
 Yes No Yes No

5. Has veteran sought benefits from the GA Department of Veterans Services?
 _____ / _____. If no, do they want too? _____ / _____.
 Yes No Yes No

6. Has veteran been notified that we do not provide direct cash assistance?
 _____ / _____.
 Yes No

Veterans Application for Financial Assistance

Date: _____

Name: _____ Phone Number: _____

Email Address: _____

Emergency Contact Name/Number: _____

Military Branch _____ Rank _____

Date of Separation: _____

Type of Discharge (Honorable/Dishonorable/Other than Honorable/Medical) _____

Married _____ Single _____ Divorced _____ Separated _____

Spouse Name/Number: _____

Does your spouse live with you? Yes / No (Please Circle)

| Child Name Circle) | Age | Does this child live with you (Please Yes / No Yes / No Yes / No |
|-----------------------|-------|---|
| _____ | _____ | Yes / No |
| _____ | _____ | Yes / No |
| _____ | _____ | Yes / No |

Present Address:

How long have you lived at the above address? _____

Landlord Name (if any): _____ Phone Number: _____

Are you employed? Yes / No (Please Circle) If no, date of last employment: _____

Occupation: _____

Have you requested financial assistance in the past? Yes/No (Please Circle)

If yes, date of assistance and amount of assistance:

1. What type of assistance is requested?

- Labor (Moving help, Home repair/modification, etc.): _____
- Mental / Spiritual (Buddy check, Chaplain visit, etc.): _____
- Financial Assistance (Rent, Utilities, Debt Payment, etc.): Fill Out Below
- Other: _____

2. AMOUNT OF FINANCIAL REQUEST: _____

Payee: _____

Purpose: _____

Payee Mailing Address: _____ Phone Number: _____

Email Address: _____

Account Number: _____ Website URL: _____

3. AMOUNT OF FINANCIAL REQUEST: _____

Payee: _____

Purpose: _____

Payee Mailing Address: _____ Phone Number: _____

Email Address: _____

Account Number: _____ Website URL: _____

Notes: _____

Pickens Post 149 Use Only Below

1. Does request comply with all Pickens Post 149 Policy Documents and Bylaws?
_____/_____. If no, what does not comply? _____
Yes No

2. Is assistance from a partner organization (VFW/NGVHV/DAV/MCL) needed?
_____/_____. If yes, which organization? _____
Yes No

3. What is the Intake Officer's (normally the Service Officer) Recommendation for this request?

4. Recommendation made to Commander. _____ / _____ / _____.
Yes No Date

5. Commander request to Executive Board for review/approval. _____ / _____ / _____.
Yes No Date

ACTION TAKEN

- Request Denied. Reason: _____
- Request Deferred. Reason: _____
- Request Approved: Action assigned to (Finance officer, Chaplain, etc.):

If approved request is for financial assistance, fill in below:

AMOUNT PAID: _____ **PAYEE:** _____ **Check #:** _____ **Date:** _____

RETAIN DOCUMENT FOR THREE YEARS