

TEXAS VFW

FOUNDATION



Texas Veterans Commission Fund for Veterans' Assistance Grant 1

Supplemental Instructions

The Texas Veterans Commission has been very specific on how the original grant program is to be administered by the Department of Texas VFW Foundation. It is apparent that the Texas Legislature is very interested as to who receives the grants and the areas of the State that the grants are awarded to.

These grants are only available to qualified Texas residents, including those residents serving in the Armed Forces overseas. The grant is available to Texas National Guard or Reserve members regardless of the amount of time served in the Guard/Reserve.

It is incumbent on the Texas VFW Foundation to strictly enforce the rules as provided by the TVC. All activities that support our veterans and expect to process the requests need to realize that these grants are for "emergencies" only. In other words, we cannot replace a house, a TV set or a car. We can provide financial assistance for temporary shelter while a veteran's house is being repaired. The max amount allowable by the TVC is \$1,000. Exceptions to this rule only apply to meritorious requests and must be approved by the TVC. Assistance is paid directly to the provider of services. No cash is paid to any applicant. Guidelines are being formulated now for the issuance of gift cards to assist those veterans in need of food or clothing. More information will be added to the web site at a later date.

The Texas VFW Foundation needs your help to ensure that the applications are valid in accordance with the rules. We will expect all applications to be signed by the agency referring the applicant. We will hold that agency responsible for any omissions/errors that could have been reasonably determined by the agency at the time of the application.

The Texas VFW Foundation has increased its staff to accommodate the expected amount of applications for assistance. If, at any time you need more information, call. Let us all put out the right information to our veterans. If you are not sure, call.

The toll free number for the Texas VFW Foundation is 1-800-997-7096.

The program administrator is Beth Creasey. E mail is: beth@texasvfw.org

The program supervisor is Dan West. E mail is: dan@texasvfw.org

Thank you for your help in advance.

TEXAS VETERANS COMMISSION

Stephen F. Austin Building, Suite 800
P.O. Box 12277, Austin, Texas 78711-2277
(Phone) 512/ 463-6564; (FAX) 512/ 475-2395
Veterans' HOTLINE: 1-800-252-VETS (8387)
E-Mail: info@tvc.state.tx.us
Web: www.tvc.state.tx.us

March 18, 2010

KAREN S. RANKIN
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Representation & Counseling

BILL WILSON
Director
Veterans Employment Services

CONSUELO M. JACKSITS
Director
Veterans Education

Mr. Roy Grona, State Adjutant
Texas VFW Foundation
8503 North IH-35
Austin, Texas 78753

Dear Mr. Grona:

Per your request, the Texas Veterans Commission is providing the following definition of "emergency financial assistance".

EMERGENCY FINANCIAL ASSISTANCE

Emergency assistance is provided to qualifying veterans, spouses, dependent children, dependent parents and surviving spouses on an emergency basis. Financial assistance is not a pension, wage replacement, or an automatic entitlement program, but a short-term temporary program to assist on an emergency basis to provide the basics of life.

For the purpose of determining eligibility to receive financial assistance, an "emergency" is a situation which possesses all of the following characteristics:

- It arose unexpectedly;
- Created an immediate need for financial assistance; and
- It was not caused or created by the unreasonable conduct of the applicant.

Please let me know if you have any other questions.

Sincerely,

David Nobles, Grants Coordinator
Texas Veterans Commission

TEXAS VFW

FOUNDATION



VETERANS ASSISTANCE PROGRAM

Funds provided by a grant from the Texas Veterans Commission's Fund for Veterans' Assistance.

www.tvc.state.tx.us or 1-800-252-8387

Veterans Assistance Eligibility Criteria

- The applicant is a veteran or current member of the U.S. Armed Forces or its Reserve or National Guard component and a legal resident of the State of Texas, or is an immediate family member thereof;
- The applicant must not have a dishonorable discharge from the military, or is currently incarcerated or under indictment for a criminal offense.
- The hardship is primarily due to no fault of the applicant.
- The applicant has not received assistance from the Veterans Assistance Program within the last 14 months (Exceptions for natural/man made disasters that result in a determination of a State of Emergency by federal and/or state government apply)

Expenses Eligible for consideration of payment:

- Household —mortgage, rent, repairs, insurance, phone, utilities.
- Vehicle —payments, insurance, repairs not exceeding value of vehicle.
- Childcare —clothing, diapers, formula, school supplies, daycare.
- Medical —prescriptions, eyeglasses,
- Personal —food, clothing, toiletries.

Expenses Ineligible for consideration for payment:

- Credit/debit cards of any type.
- Personal, student or payday loans.
- Taxes of any type.
- Cable, internet and secondary phone.
- Cosmetic or investigational medical procedures and expenses.
- College expenses.
- Furniture rentals.
- Reimbursements of any kind for any reason.
- Travel for vacations.
- Purchase or assist in purchasing a home or vehicle.
- Vehicle repair bills that exceed the value of the car.
- Fees, Fines or judgments for criminal defense or civil actions such as divorce.
- Provide scholarships for education.
- Child support or alimony payments.
- For political contributions or any type.
- Direct payment of cash to applicant.
- Need brought about by violation of any federal, state or local municipality statute.
- Religious tithing
- Any other expense not determined to be a basic life need.



All applications are individually reviewed on a case-by-case basis. Submitting an application does not guarantee payment of funds. The Texas VFW Foundation reserves the right to make exceptions on a case-by-case basis.

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Additional documents REQUIRED with your completed application: Failure to submit these documents will only delay processing of your application.

- **Proof of military service**— For veterans, Discharge Papers/DD-214 or other documents proving honorable military service i.e. VA I.D. Card. For service members Copy of current Military I.D. Card will suffice.
- **Proof of Texas residency**—This is a valid Texas Drivers License or Texas ID card with a photograph listing a Texas address. For members of the military stationed out of state that do not have either document a copy of your most recent military leave & earnings statement showing Texas as your home of record.
- **Copy of bills for which you are requesting assistance**. This must include the account holder's name and account number, as well as the creditor's name and phone number with area code. For assistance with repairs or other services, two different written estimates on company letterhead by established business's are required.
- **Last years Federal Income Tax Return**. First two Pages only, we do not need the entire return.
- **Past three months of financial statements for checking, savings (including CD's) and investments**. *Because public funds are used in the administering of grants for this program any falsification, misrepresentation or omission of pertinent financial information will result in the immediate denial of application and possible legal action.*
- **Any additional documents, statements or letters supporting your request**.
- **Pages 6 & 7 must be fully completed**— You will need to work with an official representative of one of the listed agencies or if still you are still in the service, your chain of command. We are unable to proceed with your application if both of these pages are not completed in full.

If your application is received without all of the supporting documentation requested above, your application will be delayed until you provide it to us.

Application & supporting documentation may be mailed, faxed, or emailed to our offices,

Texas VFW Foundation
Attn: Veterans Assistance Program
P.O. Box 14468
Austin, Texas 78761
Phone: 800-997-7096
Fax: 512 834-9232
E-Mail: foundation@texasvfw.org

Website: www.texasvfw.org/247/Texas-VFW-Foundation.html

Facebook: <http://www.facebook.com/home.php?#/pages/Texas-VFW-Foundation/179966541488?ref=nf>

Once we have received your completed application with all requested supporting documentation a representative may contact you to discuss the specifics of the case and/or to request additional information. This contact does not imply approval or denial of your application.

The review, processing and approval process can take three to ten (3-10) business days once we have all required documents. To help expedite this process please ensure you have submitted all required documentation. Failure to do so will only delay your application.

The purpose of the Veterans Assistance Program is to provide relief from pressing financial needs for basic life sustaining needs for the veteran and family brought about through no fault of their own. As such grant awards very rarely exceed \$1,000.00, there are exceptions based on the totality of the circumstances as determined by VAP & TVC management personnel.

We will contact you as soon as a final determination has been made in your case.

Please Note: Status check requests for your application must be made by email while your file is being processed, status checks by phone will be denied and you will be directed to correspond your status check by email at foundation@texasvfw.org please include your full name in the request. We will let you know the status of your application as soon as possible.

VETERANS ASSISTANCE PROGRAM

APPLICANT'S INFORMATION

NAME:		BIRTHDATE:		AGE:
ADDRESS:				
CITY:	STATE:	COUNTY:	ZIP:	
PHONE:		EMAIL:		
SOCIAL SECURITY NUMBER:				
<i>List all persons residing in household:</i>				
Name: _____		Age: _____	Relationship: _____	
Name: _____		Age: _____	Relationship: _____	
Name: _____		Age: _____	Relationship: _____	
Name: _____		Age: _____	Relationship: _____	
Name: _____		Age: _____	Relationship: _____	
Name: _____		Age: _____	Relationship: _____	

MILITARY MEMBER/VETERAN INFORMATION *If different from above*

NAME:		BIRTHDATE:		AGE:
ADDRESS: <i>Home of record for military members currently serving outside the geographical boundaries of Texas.</i>				
CITY:	STATE:	COUNTY:	ZIP:	
PHONE:		EMAIL:		
SOCIAL SECURITY NUMBER:				
I SERVED IN OR AM PRESENTLY SERVING IN THE: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard				
AS OF THE DATE OF THIS APPLICATION MY CURRENT STATUS IS: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/> Veteran				
I SERVED OVERSEAS IN: <i>Check all that apply</i> <input type="checkbox"/> World War II <input type="checkbox"/> World War II Occupation (1945-55 in Europe, Japan) <input type="checkbox"/> World War II Occupation (1945-90 in Berlin) <input type="checkbox"/> Korea (1950-54) <input type="checkbox"/> Korea (1955-Present) <input type="checkbox"/> Vietnam <input type="checkbox"/> Desert Storm <input type="checkbox"/> Bosnia/Kosovo <input type="checkbox"/> Afghanistan <input type="checkbox"/> Iraq <input type="checkbox"/> Other _____				
MY PERIOD OF SERVICE WAS FROM _____ TO _____. <i>Years only.</i>				

VETERANS ASSISTANCE PROGRAM

REQUESTING ASSISTANCE WITH

Please describe the expenses you need assistance with (i.e. Rent, utilities, medical expenses, food, vehicle, etc.)

Expense	Amount	Expense	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Amount requested

\$ _____

REASON FOR FINANCIAL HARDSHIP

Please describe why you are unable to meet this need on your own. Attach additional documents as necessary.

WHAT I HAVE DONE TO RESOLVE THE HARDSHIP

Please explain what action (s) you have taken to resolve this hardship on your own, other than applying for assistance.

OTHER AGENCIES I AM WORKING WITH TO RESOLVE HARDSHIP

Please list other agencies you are working with and how they have helped (Red Cross, Salvation Army, Local Church, Food Bank, etc)

VETERANS ASSISTANCE PROGRAM

MONTHLY INCOME

INCOME TYPE	AMOUNT	TYPE	AMOUNT
Veteran Primary Job	\$	Food Stamps	
Spouse Primary Job	\$	Unemployment	
VA Benefits	\$	Childcare Assistance	
Social Security	\$	Spousal Support	
Disability	\$	Other— (Example 2nd Job)	
Retirement	\$	Other	
Child Support		Other	

TOTAL OF SAVINGS/INVESTMENTS ON HAND

CHECKING	SAVINGS	INVESTMENTS	RETIREMENT
\$	\$	\$	\$

MONTHLY EXPENSES

Complete all fields with an approximate monthly amount. Leave inapplicable fields blank.

EXPENSE	AMOUNT	EXPENSE	AMOUNT
Rent/Mortgage		Child Care	
Utilities		Child Support	
Phone		Credit/Charge Cards	
Mobile Phone		Loans	
Cable		Student Loans	
Internet		Spousal Support	
Vehicle #1		2nd Mortgage	
Vehicle #2		Other	
Vehicle #3		Other	
Watercraft			
Recreational Vehicle		Total Monthly Income \$ _____	
Insurance		Total Monthly Expenses \$ _____	
Vehicle (s) Fuel		Without a completed budget your application may be denied.	
Food			
Household Items			



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VETERANS ASSISTANCE PROGRAM

MILITARY POINT OF CONTACT

For service members only—Must be in Chain of Command E-8 or above

Please Type or Print Legibly.

First Name _____ Last Name _____ Rank/Title _____

Primary Phone: (____) _____ Alternate Phone: (____) _____

Email: _____ @ _____ Unit: _____

I am aware of this applicants situation and verify the needs are legitimate.

Signature: _____ Date: _____

VETERAN SERVICE AGENCY POINT OF CONTACT

For veterans no longer in the Military, Reserve or National Guard.

Please Type or Print Legibly.

First Name _____ Last Name _____ Rank/Title _____

Primary Phone: (____) _____ Alternate Phone: (____) _____

Email: _____ @ _____ Location: _____

I am an official representative of: *Please check or print organization*

<input type="checkbox"/>	Texas Veterans Commission
<input type="checkbox"/>	Texas Workforce Commission
<input type="checkbox"/>	County Veterans Service Officer
<input type="checkbox"/>	Veterans Administration
<input type="checkbox"/>	State/Federal Senator office
<input type="checkbox"/>	State/Federal Representative office
<input type="checkbox"/>	VFW Post/ Service Officer
<input type="checkbox"/>	American Legion
<input type="checkbox"/>	Red Cross
<input type="checkbox"/>	AMVETS
<input type="checkbox"/>	Marine Corps League
<input type="checkbox"/>	American GI Forum
<input type="checkbox"/>	Vietnam Veterans of America
<input type="checkbox"/>	Disabled American Veterans

<input type="checkbox"/>	Military Order of the Purple Heart
<input type="checkbox"/>	Paralyzed Veterans of America, Inc.
<input type="checkbox"/>	American Ex-Prisoners of War
<input type="checkbox"/>	American Military Retirees Assoc.
<input type="checkbox"/>	The Army & Navy Union
<input type="checkbox"/>	Blind Veterans Association
<input type="checkbox"/>	Catholic War Veterans
<input type="checkbox"/>	Certified Veterans Consultants
<input type="checkbox"/>	Desert Shield/Desert Storm
<input type="checkbox"/>	Fleet Reserve Association
<input type="checkbox"/>	Iraq & Afghanistan Veterans
<input type="checkbox"/>	Jewish War Veterans
<input type="checkbox"/>	Korean War Veterans Association
<input type="checkbox"/>	Military Officers Association of U.S.

<input type="checkbox"/>	National Assoc. of Medics & Corpsmen
<input type="checkbox"/>	National Assoc. of Uniformed Services
<input type="checkbox"/>	Non Commissioned Officers Association
<input type="checkbox"/>	Pearl Harbor Survivors Association
<input type="checkbox"/>	Reserve Officers Association of the U.S.
<input type="checkbox"/>	Texas Assoc. of Vietnam Veterans
<input type="checkbox"/>	The Retired Enlisted Association
<input type="checkbox"/>	Unified Veterans of America, Inc.
<input type="checkbox"/>	United States Veterans Initiative
<input type="checkbox"/>	U.S. Navy Armed Guard WW II Veterans
<input type="checkbox"/>	Veterans Assistance of Texas
<input type="checkbox"/>	Vietnam Veterans Foundation of Texas
<input type="checkbox"/>	Other
<input type="checkbox"/>	

I am aware of this applicants situation and verify the needs are legitimate.

Signature: _____ Date: _____



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TERMS AND CONDITIONS:

Please complete all signatory blocks below and return immediately. This form is essential to the review and approval process. We want to emphasize that each application will be reviewed independently and each case will stand on its own merit.

_____ I understand that proper stewardship requires I provide information to substantiate my request, including governmental records, expense/income information, and medical information. This information may be shared with other agencies to assist in processing my application for assistance. This will be kept confidential. I further indicate that if the request cannot be substantiated, it will not be possible to consider or approve it.

_____ I agree to allow the Veterans Assistance Program (VAP) to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by VAP personnel.

_____ I understand that if the VAP elects to pay for approved merchandise or services directly. I will have thirty (30) days to redeem the merchandise, or the grant will be forfeited. I will be required to submit receipts for said merchandise or services.

_____ I understand the primary purpose of the VAP is to meet the immediate and urgent needs of Texas military/veterans, and their immediate family members.

_____ I agree to obey all the policies of the program and comply with any reasonable directions with respect to questions or concerns that may arise.

_____ I understand that Texas Veterans of Foreign Wars Foundation or the Texas Veterans Commission may require that I submit to an interview, and may request to use my name and the particulars of the grant in press and promotional efforts.

_____ I understand that there is no promise of compensation for my participation. If I choose to maintain case confidentiality, it will in no way influence my application. The Texas VFW may use my written statements and documentation enclosed as needed for these purposes.

Please initial your preference:

_____ To help reach other veterans in need I am willing to be interviewed and featured in VFW News stories and other state agency publications. I understand that any photos I provide to the VFW and/or the Texas Veterans Commission become the property of the VFW and/or the Texas Veterans Commission and may be used in fundraising or other publicity materials with no promise of compensation for participation.

_____ I do not wish to be featured in any VFW, Texas Veterans Commission or other publications.

_____ I understand that the VAP is funded by public and government donations and success is based solely upon public support of the program. **Because public funds are used in the administering of grants for this program any falsification, misrepresentation or omission of information will result in the immediate denial of application and possible legal action.**

_____ I agree to hold the Texas VFW Foundation, the Veterans of Foreign Wars of the United States, the Texas VFW, the State of Texas, The Texas Veterans Commission their agencies, officers, employees, agents, sponsors and subordinate units harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss, or perceived loss that may occur.

Applicant Signature

Printed Name

Date