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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Date:** | | | | | | | | | **Case Manager:** | | | | | | | | | | | | | | | | | |
| **Complex Case:** \_\_\_ Yes \_\_\_\_\_\_ No | | | | | | | | | **Contact:** | | | | | | | | | | | | | | | | | |
| **Age\_\_\_\_DOB\_\_\_\_\_\_\_\_ M/F\_\_\_\_\_** | | | | | | | | | **Hud Vash Program (Circle) Yes No** | | | | | | | | | | | | | | | | | |
| **Veteran Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name: Last** | | | **First** | | | | | | | | | | **MI** | | | | | | | **Marital Status** | | | | | | | |
|  | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |
| **Contact Number:** | | | | | | | | **Email:** | | | | | | | | | | | **Vehicle**  Yes No | | | | **Homeless**  Yes No | | | | |
| **Address** | | | | | | | | | **City** | | | | | | | | | **State** | | | | | | | **Zip Code** | | |
|  | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | |
| **Employed** Yes No  **How Long**? | | | | | | | | | **Employed by:** | | | | | | | | | | | | | | | | | | |
| **Dependents Name** | | | | | | | **Age** | | | **Relationship** | | | | | | | | | | **Contact Number** | | | | | | | |
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| **Military Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Branch of Service** | | **Rank** | | | | **Deployment Dates** | | | | | | | |  | | | | | | | | **Time in service** | | | | | |
|  | |  | | | |  | | | | | | | |  | | | | | | | |  | | | | | |
| **VA % rating** | |  | | | | | | | | | **Date of Discharge** | | | | | | | | | | **Unit** | | | | | | |
|  | | Yes No | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **Combat Mission (re: OIF/OEF)** | | | | |  | | | | | | | | | | | | **Injured during Combat:**  Yes No | | | | | | | | | | |
| **Financial Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Income** | **Amount** | | | **Monthly Expenses** | | | | | | | | | | | **Amount** | | **Expenses** | | | | | | | | | **Amount** | |
| VA Disability |  | | | Rent/Mortgage | | | | | | | | | | |  | | Child Care | | | | | | | | |  | |
| S/S Disability |  | | | Utilities | | | | | | | | | | |  | | Child Support | | | | | | | | |  | |
| Pension |  | | | Phone | | | | | | | | | | |  | | Credit Cards | | | | | | | | |  | |
| Unemployment |  | | | Cable | | | | | | | | | | |  | | Food | | | | | | | | |  | |
| Child Support |  | | | Internet | | | | | | | | | | |  | | Other | | | | | | | | |  | |
| Social Services |  | | | Vehicle | | | | | | | | | | |  | | Other | | | | | | | | |  | |
| Spouse Income |  | | | Insurances | | | | | | | | | | |  | | Other | | | | | | | | |  | |
| Other-SNAP |  | | | Fuel | | | | | | | | | | |  | | Other | | | | | | | | |  | |
| Total Income |  | | | Loans | | | | | | | | | | |  | | Total expenses | | | | | | | | |  | |
| Eviction/Foreclosure occurred or scheduled? | | | | | | | | | | **y/n** | | | | | | Date | | | | | | | |  | | | |
| Utilities disconnected or scheduled to be? | | | | | | | | | | **y/n** | | | | | |  | | | | | | | |  | | | |
| Repossession occurred or scheduled to be? | | | | | | | | | | **y/n** | | | | | |  | | | | | | | |  | | | |
| Total amount requested/needed | | | | | | | | | | | | **$** | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other agencies contacted** | **y/n** | **Date** | **POC/Number** |
|  |  |  |  |
|  |  |  |  |

**DescribeHardship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please enclose the Following documents with this application:**

\_\_\_ DD 214 – Member copy #4

\_\_\_ Copy of bills for which you are requesting assistance. This must include the account holder’s name and the account number, as well as the creditor’s name and the phone number with area code.

\_\_\_ Proof of Deployment – if not indicated on DD 214

\_\_\_ Verification of all household income

\_\_\_ VA approval letter

**\*\*\*Incomplete applications and unsubstantiated requests will NOT be considered \*\*\***

**Veteran’s signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All applications are individually reviewed on a case-by-case basis. Submitting an application does not guarantee payment of funds. The C.W.V.S.M. reserves the right to make exceptions on a case by case basis.

Please initial all blocks below and sign the bottom. 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 merits via the documentation provided by applicant.

\_\_\_ I understand that the proper stewardship requires I (the applicant) provide information to substantiate my request, including governmental records, expenses/income information, and medical information. *(This information will be kept confidential.)*

\_\_\_ I understand that if this request cannot be substantiated, it will not be considered for approval.

\_\_\_ I understand that the primary goal of Combat Wounded Veterans of South Mississippi is to assist with immediate and urgent needs of combat wounded veterans and their immediate family members in time of need as well as to advocate on behalf of said combat wounded veterans.

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

\_\_\_ I understand that Combat Wounded Veterans of South Mississippi is a nonprofit organization funded solely upon public support of the program and is NOT government funded.

\_\_\_ I agree to hold Combat Wounded Veterans of South Mississippi, their officers, agents, and sponsors harmless as a result of this request and the handling of it and I waive all rights to seek damages from these parties for any loss, or perceived loss that may occur.

Please initial your preference:

\_\_\_ I am willing to be interviewed and featured in news stories, articles, and other media outlets to help combat Wounded Veterans of South Mississippi raise awareness of the needs of its members.

\_\_\_ I will allow Combat Wounded Veterans to share my personal story with various news/media outlets to raise awareness.

\_\_\_ I consent for my name to be used.

\_\_\_ I consent for pictures of me to be used.

\_\_\_ I **DO NOT** wish neither to be featured in any Combat Wounded Veterans of South Mississippi publications or to have my story shared.

Veteran Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_