**Eligibility:**

* + Emergent need be related to deployment (OIF/OEF), military pay issue, military illness or injury, or natural disaster.
	+ Applicant must be the service member or eligible dependant listed under DEERS.
	+ Request applicants be assigned to the OIF/OEF Program
	+ Request Applicant have case worker assigned

 **Expenses eligible for consideration of payment:**

* Household expenses- mortgage, rent, repairs, insurance.
* Vehicle expenses- payments, insurance, repairs (major repairs for vehicles over ten years old will not be considered)
* Utilities.
* Food and Clothing.
* Medical bills, prescriptions, & eyeglasses- the patient’s portion for necessary or emergency medical care only.

**Expenses Ineligible for consideration for payment:**

* Credit cards, Military charge cards, or retail store credit cards.
* Personal, student or payday loans.
* Cable, Internet and secondary phone.
* Cosmetic or investigational medical procedures and expenses.
* Taxes- property or otherwise.
* College Expenses.
* Furniture rentals.
* Any other expenses not determined to be a basic life need.

**The eligible and ineligible expense lists are not all inclusive and each expense will be considered on a case-by-case basis. Payments will be made at the discretion of the approval committee. Payments are made directly to creditors.**

**Fax or email application with copies requested of validation and financial recites to:**

**Donna@cwvsm.org**

**Roger@cwvsm.org**

**Fax: 1-610-510-0625**

**Or Phone: 228-243-7272**

**Address:**

**1636 Popps Ferry Road Ste 216**

**Biloxi, MS 39532**

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