

# **Assistance Policy for Veterans and Families of Veterans**

- Names of the applicants will remain confidential, known only to the Executive Board.
- Notice will be made to the applicant outlining assistance payment.
- Assistance will be paid directly to the service provider whenever possible.
- Payments will not exceed \$600.00 (six hundred dollars) per application.
- May reapply after 180 days.

## **Examples of expenses Eligible for consideration of payment:**

- Household —mortgage, rent, repairs, insurance, phone, utilities.
- Vehicle —payments, insurance, repairs.
- Childcare —clothing, diapers, formula, school supplies, daycare.
- Medical —prescriptions, eyeglasses.
- Personal —food, clothing, toiletries.

# VETERANS ASSISTANCE PROGRAM

## Veterans Assistance Eligibility Criteria

**Confidentiality Statement: All personal information contained on this application will remain confidential to the Rolling Thunder® Chapter 2 Executive Board.**

- ☐ The applicant is a veteran or current member of the U.S. Armed Forces or its Reserve or National Guard component who has completed their Initial Active Duty for Training (Boot Camp) and a legal resident of the State of New Hampshire, or is an immediate family member thereof;  
**For purposes of this application immediate family is defined as: Spouse of veteran, child of veteran under age 18, unmarried surviving spouse of veteran or any other dependent person of veteran as defined by the I.R.S.**
- ☐ The applicant must have an Honorable Discharge or a General under honorable conditions not related to misconduct or a violation of the Uniform Code of Military Justice (UCMJ) to be eligible.
- ☐ Is not currently incarcerated or under indictment for a criminal offense or party to civil legal action that created the hardship or a registered sex offender or in arrears on any debt administered or collected by a governmental entity.
- ☐ The hardship is primarily due to no fault of the applicant.  
**Please note that denial of unemployment benefits, expiration of unemployment benefits, and/or job loss does not automatically make an applicant eligible to receive assistance. The determination of assistance is based on all information requested in the application and required additional documents.**

## Required Documentation

**\*\*Determination can not be made without proper, legible documentation\*\***

- ☐ Veteran's DD-214 or report of separation from Active Military Service.
- ☐ A copy of applicant's marriage license and Veteran's death certificate for widows and widowers.
- ☐ A copy of a birth certificate of the Veteran's dependent children and if applicable, a copy of court orders indicating payment of child support.
- ☐ Proof of residency by the Veteran's tax record, employment record, voter registration or copy of driver's license.
- ☐ Proof of loss of employment, if applicable, including the applicant's termination notice from employment and last pay statement.
- ☐ Supporting expense documentation.

# VETERANS ASSISTANCE PROGRAM

PLEASE CLEARLY PRINT OR TYPE ALL INFORMATION

## SECTION I - VETERAN'S PERSONAL DATA

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(No. & Street) (City) (State & Zip+4) (County)

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_  
(MM/DD/YYYY) (if applicable) (MM/DD/YYYY)

Branch of Service \_\_\_\_\_ Service Number \_\_\_\_\_ Date of Entry \_\_\_\_\_  
Into Active Service (MM/DD/YYYY)

Was Military Discharge or Release under Honorable Conditions? ☐ YES ☐ NO Date of Discharge \_\_\_\_\_  
(MM/DD/YYYY)

Legal Resident of New Hampshire ☐ YES ☐ NO

Marital Status - ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

## SECTION II - DEPENDENT'S PERSONAL INFORMATION

Name of Spouse \_\_\_\_\_  
(First) (Middle Initial) (Maiden)

Address of Spouse \_\_\_\_\_  
(if different from Veteran) (No. & Street) (City) (State & Zip+4) (County)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ New Hampshire Resident ☐ YES ☐ NO  
(MM/DD/YYYY)

First name of dependent minor children \_\_\_\_\_ Date of Birth \_\_\_\_\_ Living with Veteran \_\_\_\_\_  
(Please attach copies of birth certificates) (if over 18 proof of school) (MM/DD/YYYY) (If applicable, provide copy of court ordered support)

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

## SECTION III - PRESENT EMERGENCY/ LOSS OF INCOME

Please check reason for current emergency:

☐ Medical ☐ Loss of employment ☐ Death of Veteran/Spouse ☐ Catastrophe ☐ Other

Please provide details concerning the cause of emergency \_\_\_\_\_

Currently hospitalized? ☐ YES \_\_\_\_\_  
(Admission Date) (MM/DD/YYYY)

Name of Doctor \_\_\_\_\_

☐ NO

Phone Number \_\_\_\_\_

# VETERANS ASSISTANCE PROGRAM

## REQUESTING ASSISTANCE WITH

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

## REASON FOR FINANCIAL HARDSHIP

*Please describe what happened that has created the financial hardship. 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).*

Agency	Point of Contact	Phone Number with Area Code

# 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	\$		
Insurance	\$		
Vehicle (s) Fuel	\$		
Food	\$		
Household Items	\$		

Total Monthly Income \$ \_\_\_\_\_

Total Monthly Expenses \$ \_\_\_\_\_

**Without a completed budget your application may be denied.**

# VETERANS ASSISTANCE PROGRAM

## RELEASE OF INFORMATION

I (we), \_\_\_\_\_,  
\_\_\_\_\_,

Give my (our) permission to Rolling Thunder®, Chapter 2, to advocate on my (our) behalf on those issues that I (we) have requested assistance in obtaining (shelter, food, other basic needs, referral to other agencies, etc). I (we) understand that in advocating on my (our) behalf, it may be necessary to obtain or release sensitive or confidential information regarding me (us) or my (our) family, but that it will only be done to assist with my (our) request for assistance. I (we) further understand that all information is used only to meet advocacy needs and that it remains in strict confidence. I (we) understand that Rolling Thunder®, Chapter 2, works with other agencies to obtain monies or other needs in helping me (us). I (we) understand that I (we) may be referred to other agencies for help before Rolling Thunder®, Chapter 2, contributes any funds to me (us). I (we) agree that I (we) will follow through with referrals to other agencies for help. I (we) understand that I (we) am under no obligation to repay any assistance, and that any future donation that I (we) may make to Rolling Thunder®, Chapter 2, is of my (our) own free will.

Signature (s): \_\_\_\_\_

\_\_\_\_\_  
CHAPTER 2  
New Hampshire

Phone Number \_\_\_\_\_

Date: \_\_\_\_\_